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County Borough of Ipswich

REPORT

of

THE MEDICAL OFFICER OF HEALTH

for the Year 1925

IPSWICH:
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1926

COUNTY BOROUGH OF IPSWICH.

Annual Report
of the
Medical Officer of Health
for 1925

By A. M. N. PRINGLE,
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Medical Officer of Health,
School Medical Officer, Superintendent Isolation Hospital,
Medical Officer to the Ipswich Port Sanitary Authority,
Fellow of the Royal Sanitary Institute,
Fellow of the Royal Society of Medicine,
etc., etc.

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County Borough of Ipswich.

Public Health Department,
Elm Street,
Ipswich,
June, 1926.

Ladies and Gentlemen,

I have the honour to present you my Annual Report on the Health of the Borough for the year 1925.

In order to comply with the requirements of the Ministry of Health, the Report is on more extensive lines than in former years.

I have to thank the Public Health Committee for their support during the year, and I wish to place on record my thanks to the Members of the Staff of the Public Health Department for their loyal services.

I am, Ladies and Gentlemen,

Your obedient Servant,

A. M. N. PRINGLE, M.B., C.M., D.P.H.,
Medical Officer of Health.

INDEX.

STATISTICS :—

PAGE.
General 6
Extracts from Vital Statistics 6

POPULATION :—

Registrar General's Estimate 7
Occupations 7
Housing Conditions 8

MARRIAGES 10

BIRTHS :—

General 11
Twin 12

DEATHS :—

Rates 14, 15
Sex Distribution 16
Age Distribution 17

Disease Groups :—

General 20
Tuberculosis 22, 24
Cancer 25, 27
Respiratory System 28
Zymotic Diseases 30
Other Infections 31
Circulatory System 32
Nervous System 33
Violence 36
Puerperal Mortality 37

Infant Mortality :—

General 38
Twin 39
Tuberculosis 40
Congenital Malformations 41
Mortality over 70 42

NOTIFICATION OF INFECTIOUS DISEASES :—

General 43

INDEX—*continued.*

NOTIFICATION OF TUBERCULOSIS:—

PAGE.
General 48
Age and Sex Distribution 49
Principal Sites 50
Survival Tables 51

SPECIAL DEPARTMENTS:—

Borough Isolation Hospital 52

Tuberculosis:—

Dispensary 55
Ipswich Borough Sanatorium 56
Results of Treatment 58
Surgical Tuberculosis 59, 60

Maternity and Child Welfare:—

General 60, 61
Exams: Medical Officer 61
Ante and Post Natal Clinic 62
Maternity Home 64
Midwives' Act, 1902.. 65
Midwives and Medical Assistance 65
Laboratory 67
Water Supply 67
Refuse Removal 68
Venereal Diseases 69

Sanitary Inspector's Report:—

General 73
Housing 75
Water Supply 76
Sale of Food and Drugs 76
Food Inspection 77
Disease of Animals Acts 78
Public Health Meat Regulations, 1924 78
Prohibition of Blowing or Inflating Carcases 78
Slaughterhouses 78
Dairies, Cowsheds and Milkshops 79
Rats and Mice (Destruction) Act 79
Disinfection 79
Sanitary Condition of Music Halls and Cinemas .. 79
Mortuary 79
Factories and Workshops 80
Port Sanitary Authority 83
Butterman's Bay 84

GENERAL STATISTICS.

Area (acres)	8,112
Population (1925)	83,120
No. of Inhabited Houses (1921)	17,764
No. of Families or separate occupiers (1921)	18,923
Rateable value, March, 1925	£458,719 5 0
Sum represented by a Penny Rate, 1925	£1,703 0 0

EXTRACTS FROM VITAL STATISTICS OF THE YEAR 1925.

	Total.	M.	F.	Birth-rate.
Births—Legitimate	1,356	661	695	17.0
,, Illegitimate	65	34	31	
				Death-rate.
Deaths	1,026	511	515	12.34

Number of women dying in, or in consequence of, child-birth	From Sepsis	4
	From other causes ..	1

Deaths of infants under one year of age per 1,000 Births:—73
Legitimate, 98; Illegitimate, 6—Total, 104

Deaths from Measles (all ages)	14
Deaths from Whooping Cough (all ages)	18
Deaths from Diarrhœa (under 2 years of age)	8

POPULATION.

The following Table gives the Registrar General's estimates of the populations for the years 1921-1925 :—

Year.	Number.
1921	80,100
1922	80,950
1923	81,710
1924	82,710
1925	83,120

It must be confessed that these estimates do not impress one with a sense of their accuracy, but I think the estimate for 1925 much more accurate than that for 1924.

It is extremely unfortunate, and from the statistical point of view, highly dangerous that the Census arrangements cannot be made to include a simple quinquennial enumeration of the people, without the elaborate details of the decennial Census.

OCCUPATIONS.

The following is a very brief survey of the occupations of the inhabitants of Ipswich as disclosed at the 1921 Census.

The Male population at the 1921 Census was 37,359, of whom 8,551 were under 12 years of age, 3,810 were unoccupied or retired and 24,998 were occupied.

Of every 1,000 occupied Males, 171 were employed as Metal Workers, 116 in Transport, 93 in Commerce, Finance and Insurance (not Clerks) 76 as General Labourers, 62 Workers in Wood, 45 as Clerks, 40 as Builders, etc., 31 in Agriculture and the remainder at the Miscellaneous occupations incidental to an Industrial Centre.

The Female population at the 1921 Census was 42,012, of whom 8,629 were under 12 years of age, 23,175 were unoccupied or retired and 10,208 were occupied.

Of every 1,000 Occupied Females, 358 were engaged in Personal Service, 177 as makers of Textile Goods and Articles of Dress, 130 in Commerce, Finance and Insurance (not Clerks), 100 as Clerks, 82 in Professional Occupations, 36 as makers of Food, Drink and Tobacco, and the remainder in various Miscellaneous Female occupations. So far as female labour is concerned, by far the largest source of employment is domestic service.

HOUSING CONDITIONS.

The Housing position of the population of Ipswich between 1901 and 1921 is exhibited in the following Table :—

Census Year.	1901	1911	1921
Houses containing dwellings	15,428	17,372	18,251
Dwellings inhabited ..	14,518	16,682	17,764
Dwellings not inhabited..	910	751	487
No. of Private Families ..	14,729	17,124	18,923
Total Population housed ..	66,630	73,932	79,371
No. of Persons per Family	4.52	4.18	4.05

The figures, although not in all cases quite comparable, nevertheless afford a reasonable basis for comparison.

It is obvious that the increase in the number of houses available did not keep pace with the demands of the population. Thus in 1901 the number of families was well below the existing housing accommodation, whereas in 1921 the number of private families far exceeded the number of houses available.

The decrease in the number of persons per family is of interest in relation to the fall in the Birth-rate, but the figure for 1901 is not strictly comparable with those for 1911 and 1921, although the variation is not considerable.

It is evident that the cessation of house construction during the war had produced a disastrous dislocation of the ordinary provision of accommodation, resulting from supply and demand.

The 1921 Census showed that in Ipswich, dwellings increased between 1911 and 1921 by 6.8 per cent., whereas families increased by 11.3 per cent. Further, whereas in 1911, 1.3 per cent. of the population lived more than two persons in a room, this proportion had increased to 4.1 per cent. in 1921, evidence if it were required, that the housing shortage had hit the poorest sections of the community hardest, and, most disastrous of all, that section of the poor with the largest families.

It was evident at that time that the cost of building and the inability of large sections of the community to pay rents commensurate with the cost of construction had closed down private enterprise, and that if anything was to be done at all, it must be done by local authorities with or without State assistance.

Locally two sites were selected by the Local Authority, viz., Nacton Road and London Road, and building on these sites has been carried on since.

I give a Table supplied to me by Mr. Little, the Borough Surveyor, showing the number of Houses completed in Ipswich from 1921-1925.

Year.	Council Houses.	Private Enterprise.	Total.
1921	227	27	254
1922	136	24	160
1923	52	110	162
1924	48	309*	357
1925	116	495	611
	579	965	1,544

From this will be seen, not only what the Corporation has done in the matter, but that the paralysis of private enterprise, which lasted up to 1923, has given place to unprecedented activity, with the result that in 1925 there were completed the largest number of houses on record.

This is all most excellent, but the arrears are not yet made good.

In all schemes of housing, whatever be the intention, the practical fact remains that people whose necessity is greatest, are the last to benefit, unless they are given preferential treatment.

There have been and are in Ipswich to-day, amongst the poorest of the community, families living under conditions of overcrowding of such a nature as to produce moral disintegration amongst adolescent boys and girls and physical deterioration amongst persons of all ages.

Their case is one which in the interests of the Public Health, to say nothing whatever of their own, calls for assistance.

The Public Health Committee have recognised these facts and have decided, with the sanction of the Corporation and the Ministry of Health to build a number of houses on the London Road site, to be set apart for the accommodation of a number of these cases. It is hoped that these houses will be constructed in the current year, and thereby give the growing families of these people, a chance in life.

---

* 28 Flats in Back Hamlet, completed in 1924, are not included in above.

The housing conditions of Ipswich are on the whole good, but as is inevitable in the case of such an ancient town, there are areas of old property which fall far short of modern notions of housing. Such areas are the legacy of past ignorance of the laws of health, as applied to the planning of towns and the construction of houses.

One such area is in process of demolition and reconstruction, and the other areas must follow in due course. Amongst these areas the most extensive and the most difficult of all, is the Rope Walk district, which is full of old, dilapidated, densely crowded houses.

MARRIAGES.

The following table shows the behaviour of the Marriage Rate in Ipswich since 1841, together with the corresponding rates for England and Wales :—

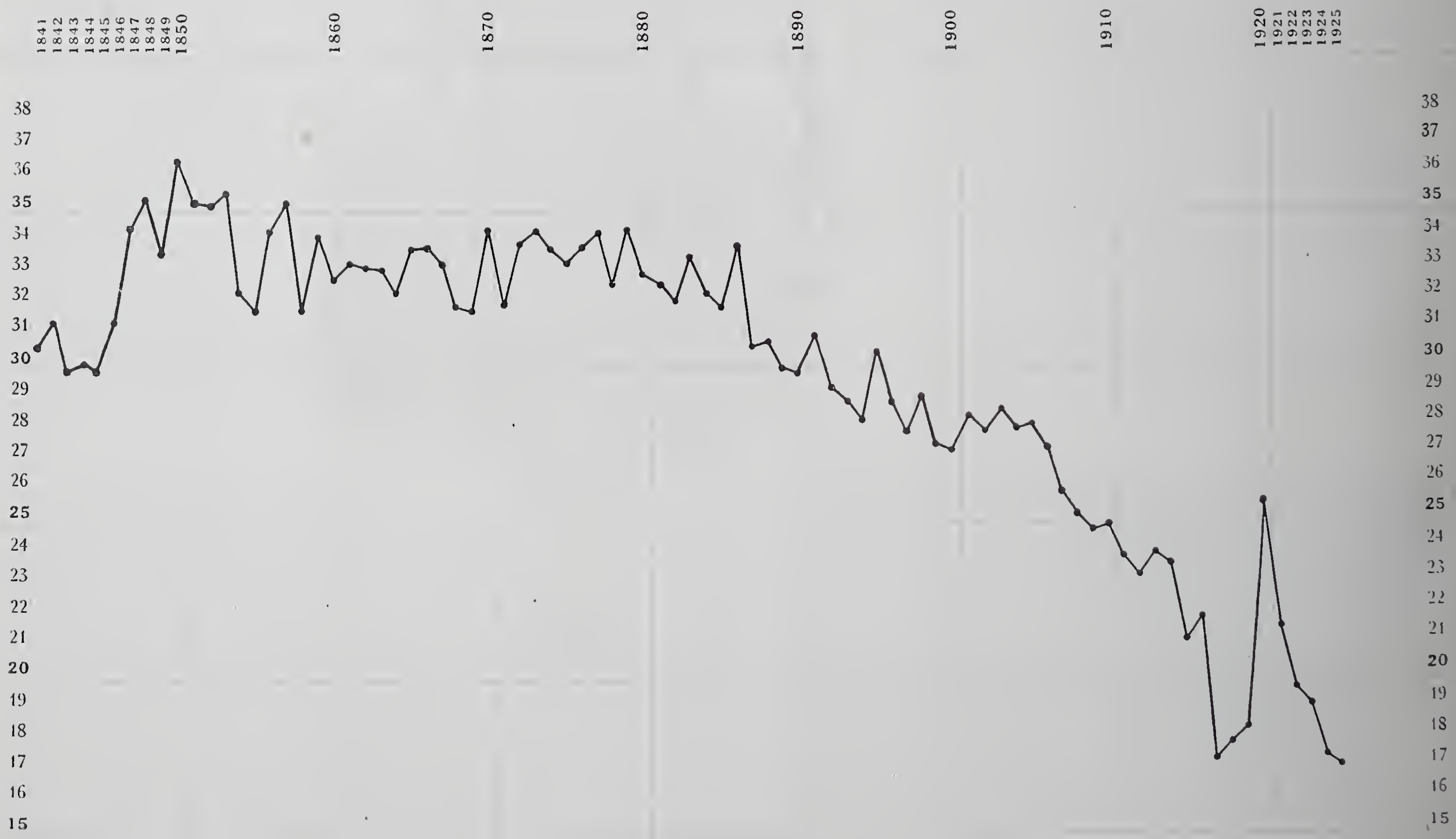
		Marriage Rates per 1,000 living.	
Period.	No. of Marriages.	**Ipswich.**	England & Wales.
1841—1850	3,815	**19.4**	16.1
1851—1860	3,302	**18.6**	16.9
1861—1870	3,550	**17.6**	16.6
1871—1880	4,143	**17.7**	16.2
1881—1890	4,152	**15.3**	14.9
1891—1900	4,777	**15.3**	15.6
1901—1910	5,209	**14.7**	15.5
1911—1920	6,819	**17.8**	16.6
1921—1925	3,316	**16.2**	—
1911	559	**15.0**	15.2
1912	596	**15.8**	15.6
1913	586	**15.4**	15.7
1914	604	**15.8**	15.9
1915	856	**22.2**	19.4
1916	653	**16.9**	14.9
1917	606	**15.7**	13.8
1918	706	**18.3**	15.3
1919	898	**23.1**	19.7
1920	755	**19.1**	20.2
1921	701	**17.5**	16.9
1922	635	**15.6**	15.7
1923	662	**16.1**	15.2
1924	600	**14.5**	15.3
1925	718	**17.2**	—

Thus the Marriage Rate for 1925 shows quite a definite recovery, associated probably with two causes

(1) Increase in employment.

(2) Increase in housing accommodation.

BIRTH RATES.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BIRTHS.

The following Table indicates the variations that have taken place in the Ipswich Birth-rate since 1841 :—

Year.	No. of Births.	Birth-rates Ipswich.	England & Wales.
1841—1850	9,391	**32.7**	32.6
1851—1860	11,925	**33.7**	34.1
1861—1870	13,295	**33.2**	35.2
1871—1880	15,691	**33.4**	35.4
1881—1890	17,104	**31.6**	32.4
1891—1900	17,787	**28.7**	29.9
1901—1910	18,798	**26.8**	27.2
1911—1920	16,538	**21.6**	21.8
1921—1925	7,712	**18.8**	—
1911	1,772	**23.9**	24.3
1912	1,750	**23.3**	23.9
1913	1,813	**23.9**	24.1
1914	1,800	**23.5**	23.8
1915	1,617	**21.0**	21.9
1916	1,666	**21.7**	20.9
1917	1,315	**17.1**	17.8
1918	1,379	**17.8**	17.7
1919	1,423	**18.3**	18.5
1920	2,003	**25.5**	25.5
1921	1,724	**21.5**	22.4
1922	1,586	**19.5**	20.6
1923	1,548	**18.9**	19.7
1924	1,433	**17.3**	18.8
1925	1,421	**17.0**	18.3

The table indicates that the Birth-rate for 1925 was the lowest recorded in the known history of the Borough, surpassing even that of 1917.

In 1917 there were two main reasons for the low rate recorded, viz., the absence of fathers and the practise of contraception. In 1925 the only one of these reasons to apply was contraception.

When one examines the fall in the Birth-rate of recent years, it becomes quite obvious that a new condition of affairs has arisen and has been followed by an amazing collapse of the Birth-rate. I publish a chart showing in the clearest possible way that a new influence has appeared, notably since the beginning of this century, evidently of increasing application, which is in process of modifying, and will continue to modify, the very foundations upon which the numbers of our population depend.

Various suggestions have been made to account for the fall in the Birth-rate, such as infertility, postponement of the age of marriage, and so on. These may account for minor variations in the Birth-rate, but they have no relation to the cataclysmic fall of recent years, which is due to the practice of contraception. If this practice were the resort of the mentally and physically defective, the thriftless, incompetent, undesirables of the community, it could be viewed with equanimity. The misfortune is that the case is precisely the reverse. The practice of contraception has become the settled policy of the best and most desirable sections of the community, and it has become so, owing to the change in economic conditions and the standard of life.

It has been proposed that contraception should be taught to the public with the quite laudable intention of enabling all to benefit. Such teaching would be taken advantage of by those members of the community possessed of intelligence, forethought, thrift and a desire for a reasonable standard of education for their children and comfort for their families and themselves ; in other words, by the best types of all classes of the community, enormous numbers of whom, it has been shown, already have the knowledge and are using it.

It would not be taken advantage of by the ignorant, the degenerate (especially the mentally degenerate, who sexually, are a deadly menace to the community), the thriftless and incompetent. Thus the undesirable would continue to propagate unchecked, the desirable alone would limit their increase.

There is another aspect of this question fraught with profound significance to the moral welfare of the rising generation, viz., that the knowledge of contraception is not the monopoly of the married. It is knowledge that has already gained a footing amongst young unmarried men and women, and it may be taken as quite certain that it will spread fast enough. The moral dangers of this are so obvious that discussion is quite unnecessary.

TWIN BIRTHS.

Table showing the number of Twins born in Ipswich in each of the five years, 1921-1925 :—

Year.	No. of Twin Pregnancies.	No. of Infants born alive.	No. of Infants Stillborn.	% of Still-births.	% of Twin Infants to Single Infants.
1921	16	30	2	6.2	1.7
1922	20	36	4	10.0	2.2
1923	16	31	1	3.1	2.0
1924	20	35	5	12.5	2.4
1925	26	50	2	3.8	3.5
Total	98	182	14	7.1	2.3

The sex distribution of the 182 Infants born alive is given as follows :—

Group.	No. of Pregnancies.	Males.	Females.
Both males	31	62	—
Both females	24	—	48
One male, one female ..	31	31	31
One live birth, one stillbirth	10	5	5
Total	96	98	84

It should be noted that the number of Pregnancies in this Table is two less than in the first Table, owing to the fact that in these cases both Infants were stillborn.

The proportion of Male and Female Infant Births was, in the case of Twins, 1,166 males per 1,000 females, as compared with 986 for all Infants for the period 1921-1925.

It is notable that 55 out of 96 Pregnancies resulted in Infants of the same sex, a proportion of 57 per cent.

DEATHS.

I give the following Table of the crude Death-rates for Ipswich as compared with England and Wales since 1841 :—

		Crude Death-rates per 1,000 living.	
Year.	No. of Deaths.	**Ipswich.**	England & Wales.
1841—1850	6,569	**22.67**	22.4
1851—1860	7,850	**22.21**	22.2
1861—1870	8,920	**22.12**	22.5
1871—1880	10,318	**22.08**	21.4
1881—1890	10,070	**18.62**	19.1
1891—1900	11,177	**17.99**	18.2
1901—1910	10,568	**15.00**	15.4
1911—1920	10,557	**13.80**	14.3
1921—1925	4,530	**11.05**	—
1901	1,185	**17.65**	16.9
1902	969	**14.34**	16.3
1903	1,049	**15.31**	15.5
1904	1,085	**15.73**	16.3
1905	1,041	**14.90**	15.3
1906	1,070	**15.08**	15.5
1907	1,089	**15.24**	15.1
1908	1,060	**14.73**	14.8
1909	991	**13.57**	14.6
1910	1,029	**13.99**	13.5
1911	946	**12.76**	14.6
1912	1,138	**15.13**	13.3
1913	1,055	**13.92**	13.8
1914	1,065	**13.93**	14.0
1915	1,161	**15.09**	15.7
1916	1,027	**13.35**	14.4
1917	1,055	**13.71**	14.4
1918	1,146	**14.87**	17.6
1919	1,015	**13.09**	13.7
1920	949	**12.05**	12.4
1921	891	**11.06**	12.1
1922	974	**12.03**	12.8
1923	838	**10.25**	11.6
1924	801	**9.68**	12.2
1925	1,026	**12.34**	12.2

Thus the Death-rate for 1925 was the highest recorded since 1919. At the same time the Death-rate for the quinquennium 1921-1925 was the lowest recorded for any previous quinquennium or decennial period.

CRUDE QUARTERLY DEATH-RATES FOR IPSWICH AND ENGLAND AND WALES.

	March.		June.		September.		December.	
	Death-rates.		Death-rates.		Death-rates.		Death-rates.	
	Ipswich	England & Wales.	Ipswich	England & Wales	Ipswich	England & Wales	Ipswich	England & Wales
1841—1850	23.7	24.7	21.0	22.0	23.2	21.0	22.6	21.7
1851—1860	23.3	24.7	20.5	22.1	22.6	20.3	22.6	21.9
1861—1870	23.5	25.2	20.3	21.8	22.3	21.0	22.4	22.1
1871—1880	23.7	23.7	20.7	20.9	21.7	19.6	22.3	21.3
1881—1890	21.0	21.6	17.4	18.7	17.4	17.3	19.6	19.1
1891—1900	20.5	20.7	15.9	17.6	18.3	17.0	17.5	17.7
1901—1910	17.6	17.7	13.7	14.6	13.6	13.8	15.2	15.4
1911—1920	17.1	17.2	12.7	13.6	11.4	11.8	14.0	15.0
1921—1925	13.7	—	10.1	—	9.1	—	11.3	—
1921	12.4	13.8	10.8	11.5	9.8	10.4	12.0	12.8
1922	17.7	17.6	11.1	12.6	8.5	9.5	10.7	11.4
1923	11.6	13.2	9.4	11.9	8.8	9.4	11.1	11.9
1924	11.6	16.6	8.7	11.8	8.5	9.2	9.8	11.1
1925	15.3	—	11.2	—	9.8	—	12.9	—

The Table shows that, with the exception of a fall in the September quarter, the local mortality experience remained practically unchanged for each quarter during the forty years 1841-1880.

Between 1881 and 1900 there was a definite fall for each quarter, but much the most evident for the June quarter.

From 1901-1920 the fall continued in the same way, with special emphasis on the September quarter.

From 1921-1925 the average Death-rates for the last three quarters of the year were less than half of those experienced between 1841-1880, and only to a small extent more than half for the March quarter.

Between 1841 and 1900, the lowest mortality experience was recorded in the June quarter, but since 1901 the lowest Death-rates have occurred in the September quarter.

The fall in the Death-rates of the March and December quarters is definitely associated with the lowering in the Death-rates from diseases of the Respiratory System and that of the September Quarter, with the dramatic diminution in the deaths from the Epidemic Diarrhœa of Infants.

As compared with England and Wales as a whole, the local Death-rates for the March quarter, have been consistently lower, although of recent years the difference has not been so great, except in the last year or two.

For the June quarter the same held good throughout.

The September quarter figures show that Ipswich had, up to 1900, an excessive mortality experience as compared with England and Wales.

Since 1901 the local Death-rates have been fractionally below that of the country as a whole, especially in the last few years.

For the December quarter the Ipswich figures exceeded those of the country as a whole up to 1890. Since that date the local figures have been below those of England and Wales, but not to the same extent as those of the September quarter.

In England and Wales the lowest mortality rates were recorded consistently throughout the whole period, in the September quarter, whereas as has already been stated, the lowest mortality in Ipswich was registered in the June quarter from 1841-1900, since which the local experience has conformed to that of the whole country.

DEATH-RATES ACCORDING TO SEX.

The sex distribution of the Death-rate is exhibited in the following Table. The corresponding figures for England and Wales are given for comparison :—

Decennia.	Males.		Females.		Males per 1000 Females.
	Ipswich.	England & Wales.	**Ipswich.**	England & Wales.	
1841—1850	**23.85**	23.1	**21.60**	21.6	1,104
1851—1860	**23.38**	23.1	**21.20**	21.4	1,103
1861—1870	**23.18**	23.7	**20.82**	21.4	1,113
1871—1880	**24.15**	22.7	**20.33**	20.1	1,188
1881—1890	**20.00**	20.3	**17.40**	18.1	1,148
1891—1900	**19.54**	19.3	**16.74**	17.1	1,167
1901—1910	**16.16**	16.4	**14.07**	14.4	1,148
1911—1920	**14.54**	15.9	**13.11**	13.0	1,109
1921—1925	**11.45**	—	**10.76**	—	1,064
1921	**11.44**	13.0	**10.84**	11.3	1,055
1922	**11.76**	13.6	**12.27**	12.0	958
1923	**10.68**	12.4	**9.87**	10.9	1,082
1924	**10.21**	12.9	**9.24**	11.5	1,110
1925	**13.07**	—	**11.69**	—	1,118

The experience of the last quinquennium thus continues that of previous periods, with the exception that the male discrepancy was less than had been the case in all previous decennia.

AGE DISTRIBUTION OF DEATHS SINCE 1841.

Comparison between the highest recorded rates at the different age periods, with the lowest recorded rates :—

Age Periods.	Death-rates.			P.R.
	Highest.		Lowest.	
	1841—1850	1871—1880	1921—1925	
0—5	73.0	—	19.2	26
5—10	9.1	—	1.6	17
10—15	5.1	—	1.2	23
15—20	7.3	—	2.2	30
20—25	8.7	—	3.1	35
25—35	10.7	—	3.2	30
35—45	13.8	—	4.4	32
45—55	—	18.9	9.9	52
55—65	—	31.4	17.1	54
65—75	—	63.5	47.1	74
75—85	—	149.3	112.3	75
85+	—	333.3	252.7	76

It has been shown that the average Death-rate at all ages, in Ipswich for the last five years has been less than one-half the average rates prevailing between 1841-1880.

Examination of the detailed Death-rates at 12 selected age periods over the whole period since 1841, shows that the highest Death-rates for each age period from 0-45 years of age occurred in the decennium 1841-1850, and from 45 years upwards in the decennium 1871-1880.

With the exception of the age period 0-5, this is exactly the same experience as that recorded for England and Wales as a whole. This identity tends to establish the substantial accuracy of the local age figures.

The lowest Death-rates recorded in Ipswich at each of the selected age periods occurred in 1921-1925.

It is of interest that whilst the Death-rates at all ages remained practically stationary from 1841-1880, there being a fall of about 3 per cent., the Death-rates under 45 showed definite improvement up to the age of 25, particularly at 5-10 years of age.

Between 25 and 45 the Death-rates remained practically stationary.

After 45 years of age the Death-rates increased from 1841-1880 to such a degree as to practically wipe out the effects of the lowered Death-rates under 25 years of age, the net result being the slight fall recorded.

After 1880 the Death-rates under 45 years of age continued to improve, and those over 45 years began to fall, the fall naturally being greatest at the less advanced ages.

The fall continued with marked acceleration under 15 years of age, from the beginning of this century, reaching its greatest degree at all the selected age periods in the quinquennium ending 1925.

The test of the value of measures directed to the conservation of the Public Health is the age at which they prove effective. Judged by this standard, the local measures have been singularly efficacious in that the greatest success has been obtained in the case of the youngest members of the community, although all ages have benefited. This is precisely as it should be, since a normal Death-rate should increase as age advances.

At the present moment we are witnessing the gradual elimination of the excess mortality amongst younger lives, a process which is far from having reached finality. This process is of course accompanied by improvement in health conditions at all ages, but its effects at the higher ages are obscured by the appearance amongst these older lives of the diseases of degeneration, such as Heart Diseases, Cerebral Hæmorrhages and Bronchitis, to name three of the greatest causes or groups of causes of death of persons over 45 years of age.

Study of the principal causes of death at the different age periods is of interest and importance, the following being a brief summary of the chief facts as things stand at the present day.

Under 5 years of age, the principal causes of death locally are, in order of incidence, the diseases of Early Infancy (Prematurity, Atrophy, Debility from Birth, etc.), Bronchitis and Pneumonia and the seven principal Zymotic Diseases. These groups account for rather more than three-quarters of the total Death-rate under 5 years of age.

From 5 to 10 years of age the chief causes are the seven Principal Zymotic Diseases, diseases of the Respiratory System, diseases of the Digestive System and Violence. Over 60 per cent. of the Death-rates for this age period are included in this list.

From 10 to 15 years of age the principal causes are Tuberculosis, followed by diseases of the Nervous and Circulatory Systems and the seven Principal Zymotics. These groups account for over 50 per cent. of the deaths of this age.

From 15 to 20 years of age Tuberculosis stands out as by far the principal cause of death, over 42 per cent. of the total Death-rate at this age being due to this cause. It is followed at a long interval by diseases of the Respiratory and Digestive Systems.

From 20 to 25 years of age Tuberculosis occupies an even worse position than in the previous age period, more than half of all the deaths being ascribed to this cause. It is followed, but at a great distance, by diseases of the Respiratory System and Violence.

From 25 to 35 years of age Tuberculosis heads the list of causes, with over 40 per cent. of the total, followed by diseases of the Digestive, Respiratory and Nervous Systems.

From 35 to 45 years of age Tuberculosis still holds the premier position, with about 30 per cent. It is followed by Cancer (with a Death-rate half of that of Tuberculosis) and diseases of the Respiratory and Nervous Systems.

Thus from 10 to 45 years of age Tuberculosis is by far the chief cause of death in Ipswich.

From 45 to 55 years of age the chief place is taken by Cancer, followed by Tuberculosis and diseases of the Circulatory and Respiratory Systems. Just under 23 per cent. of the deaths at this age are due to Cancer. Over 64 per cent. of all the deaths in the age group are accounted for by the diseases, or groups of diseases named.

From 55 to 65 years of age the chief cause of death is Cancer, the proportion being again about 23 per cent. This is followed by diseases of the Circulatory and Nervous Systems.

Thus from 45 to 65 years of age Cancer is the chief of the causes of death locally. It is necessary to keep the sense of proportion by recollecting that the Death-rates from 15 to 65 years of age from all causes, including Cancer, are not high.

From 65 to 75 years of age the chief causes of death are diseases of the Circulatory System, followed by diseases of the Respiratory System, then Cancer and diseases of the Nervous System. Between them they account for about 73 per cent. of the total Death-rates.

Over 75 years of age the chief causes are Senile Decay, which accounts for by far the greatest proportion of deaths, followed by diseases of the Respiratory System, diseases of the Circulatory System, diseases of the Nervous System and Cancer in the order given.

PERSONS.

Causes of Death by Groups.—Death-rates per 1,000 living at all ages for each Group, for the decennia 1881-1920, for the quinquennium 1921-1925, and the Annual Rates since 1921.

Groups of Diseases.	1881 to 1890	1891 to 1900	1901 to 1910	1911 to 1920	1921 to 1925	1921	1922	1923	1924	1925
Respiratory System ..	3.19	3.18	2.25	2.18	1.82	1.56	2.22	1.83	1.50	1.98
Tuberculosis	2.67	2.17	1.82	1.50	1.07	1.17	1.08	1.01	.98	1.14
Nervous System	2.37	1.81	1.62	1.47	1.18	1.31	1.21	1.13	1.06	1.21
Seven Zymotics	1.92	2.29	1.31	.83	.32	.47	.39	.12	.15	.50
Early Infancy	1.74	1.69	1.55	.80	.49	.65	.47	.45	.44	.43
Senility	1.38	1.41	1.19	1.02	.95	.96	1.15	.76	.88	1.02
Circulatory System ..	1.14	1.31	1.24	1.51	1.43	1.38	1.56	1.53	1.05	1.64
Digestive System ..	.96	.71	.65	.54	.47	.50	.49	.37	.42	.57
Cancer	.66	.77	.99	1.24	1.42	1.21	1.38	1.38	1.42	1.72
Genito-Urinary System ..	.52	.44	.49	.45	.38	.39	.33	.37	.33	.48
Ill Defined	.48	.33	.25	.19	.09	.11	.12	.04	.16	.10
External Causes	.47	.52	.50	.54	.41	.48	.34	.45	.45	.34
Other Gen. Diseases ..	.46	.43	.44	.54	.41	.39	.40	.43	.33	.49
Other Infections ..	.15	.52	.31	.55	.31	.19	.55	.12	.32	.38
Puerperal Diseases ..	.14	.12	.10	.09	.05	.07	.06	.03	.04	.06
Skin Diseases	.14	.13	.11	.10	.05	.06	.03	.04	.04	.06
Malformations	.09	.08	.08	.10	.09	.07	.09	.07	.07	.14
Diseases of Bones ..	.02	.00	.00	.01	.01	—	.02	.01	.01	.02
All Causes	18.6	17.9	15.0	13.8	11.05	11.0	12.0	10.2	9.6	12.3

This Table shows quite clearly the present position of disease distribution as contrasted with the previous 40 years. The fall in the death-rates from Tuberculosis, especially since the beginning of this Century, is very notable, whilst the Respiratory Death-rate has improved very considerably.

The fall in the case of the Nervous System is accounted for very largely by the diminution in the number of deaths referred to Convulsions and to more accurate certification in other respects.

The present position of the Death-rate from the seven Principal Zymotic diseases is without precedent. It is largely due to the absence of fatal Diarrhœa, the almost complete disappearance of Typhoid Fever and the low Death-rates from the other forms of Zymotic diseases.

I call particular attention to the very great fall in the Death-rate from the group of diseases associated with Early Infancy.

As to the Senility group, the fall recorded is due largely to more accurate certification of death in the case of elderly people.

The increase in the deaths from diseases of the Circulatory System is due to the same cause.

I draw attention to the very notable increase in the Death-rate ascribed to Cancer, part of which is related to the diminution in the deaths from diseases of the Digestive System, part to the greater accuracy in certifying causes of death in persons over 70, and in part, to a very large extent indeed, to increased accuracy of diagnosis at all ages.

In spite of the activities of the motor car, the deaths from Violence in 1921-1925 were the lowest recorded within the period covered by the Table, and in fact since 1841.

The same statement applies in the case of deaths due to Puerperal causes.

Finally, it is gratifying that the group of Ill Defined causes of death has at last sunk to quite small proportions.

DEATHS FROM TUBERCULOSIS IN 1925.

95 deaths were ascribed to the various forms of Tuberculosis in 1925, as compared with 81 in 1924 and an average of 88 for the five years ending 1925.

The excess in 1925 was due to an increase in the deaths of Males from Pulmonary Tuberculosis, the death rate in this particular group being the highest recorded since 1918.

Table showing the death-rate from Pulmonary and Non-Pulmonary Tuberculosis in Ipswich since 1841, together with the rates for England and Wales for persons.

Period.	Pulmonary T.B.				Non-Pulmonary T.B.			All Forms of T.B.			
	M.	F.	P.		M.	F.	P.	M.	F.	P.	
			Ipswich	England & Wales.						**Ipswich**	England & Wales.
1841—1850	3.52	3.60	3.57	—	.36	.35	.35	3.88	3.96	3.92	—
1851—1860	2.72	3.08	2.91	2.68	.54	.42	.47	3.27	3.50	3.39	3.47
1861—1870	2.76	2.85	2.83	2.48	.55	.34	.44	3.31	3.19	3.28	3.25
1871—1880	2.74	2.44	2.57	2.12	.47	.47	.47	3.21	2.92	3.05	2.87
1881—1890	2.18	1.98	2.07	1.73	.61	.59	.60	2.79	2.57	2.67	2.43
1891—1900	1.99	1.54	1.74	1.39	.43	.41	.42	2.43	1.95	2.17	2.01
1901—1910	1.73	1.23	1.46	1.16	.38	.34	.36	2.12	1.57	1.82	1.65
1911—1920	1.34	1.07	1.20	1.07	.35	.27	.31	1.69	1.35	1.50	1.42
1921—1925	1.08	.78	.92	—	.17	.14	.15	1.26	.92	1.07	—
1921	1.03	1.01	1.01	.88	.13	.18	.16	1.16	1.19	1.17	1.12
1922	.99	.90	.94	.88	.20	.06	.13	1.20	.97	1.08	1.12
1923	1.06	.62	.82	.83	.15	.20	.18	1.22	.83	1.01	1.06
1924	.97	.68	.82	.84	.15	.16	.15	1.13	.84	.97	1.05
1925	1.35	.68	.99	—	.20	.09	.14	1.56	.77	1.14	—

Thus it is seen that the Death-rates recorded for Pulmonary and Non-Pulmonary Tuberculosis for both sexes in the quinquennium 1921-1925 were by far the lowest since records have become available.

In the case of Non-Pulmonary Tuberculosis, the experience of 1921-1925 stands out by itself in the most obvious manner, the position being due to the diminution in the number of deaths referred to Tuberculosis of the Abdominal organs and central Nervous System.

In the case of Abdominal Tuberculosis, there has been a very considerable fall, the explanation of which undoubtedly includes more accurate diagnosis and more successful treatment. I think that as a matter of fact Abdominal Tuberculosis is less prevalent than it was.

On the other hand in the case of Tuberculosis of the central Nervous System (or practically Tuberculous Meningitis) treatment has had no effect whatsoever, whilst as for diagnosis Meningitis is not a particularly difficult disease to recognise, and by the time death has ensued it should be diagnosed in the vast majority of cases, and the particular variety differentiated.

In my opinion, the diminution in the number of deaths from Non-Pulmonary Tuberculosis, is due to the same causes as in the case of Tuberculosis of the Lung, viz., an increasing knowledge of the laws of Hygienic existence, the spread of knowledge of the processes of Tuberculosis and its causation, aided by the work of Tuberculosis Dispensaries, Sanatoria and Hospitals, and the effects of generations of progressive immunization gradually producing stocks possessed of a high degree of immunity to the fatal forms of Tuberculosis.

It is of interest that, since 1841, the mortality rates from Pulmonary Tuberculosis in Ipswich have exceeded those of the country as a whole, whereas the local rates from Non-Pulmonary Tuberculosis have been consistently below those of England and Wales.

It is also of particular local interest that the local rates for the Pulmonary variety of the disease have now been brought much nearer the experience of the whole country.

AGE DISTRIBUTION OF THE DEATH-RATES FROM TUBERCULOSIS—PERSONS.

Age distribution at 12 age periods of the Death-rates since 1841, shown as averages for the decennia 1841-1920 and for the quinquennium 1921-1925.

Ages.	1841 to 1850	1851 to 1860	1861 to 1870	1871 to 1880	1881 to 1891	1891 to 1900	1901 to 1910	1911 to 1920	1921 to 1925
— 5	3.53	4.44	3.28	2.89	3.45	2.62	2.43	1.86	.75
—10	2.07	1.00	.83	.77	1.12	.89	.80	.46	.11
—15	2.17	1.13	1.15	1.03	1.20	.89	.60	.53	.20
—20	4.08	2.88	2.98	2.47	2.06	1.89	1.21	1.45	.93
—25	5.38	4.82	5.06	3.51	3.24	2.34	2.18	1.91	1.70
25—35	5.30	5.00	5.09	5.09	3.46	2.79	2.11	1.93	1.43
35—45	5.79	4.61	5.24	4.98	4.07	3.01	2.37	1.93	1.34
45—55	3.71	3.81	3.70	4.29	3.53	3.03	2.34	1.92	1.60
55—65	3.36	2.27	2.68	2.93	2.33	2.37	2.49	1.59	1.25
65—75	1.58	1.65	1.53	1.84	2.08	1.98	1.93	1.25	1.24
75—85	.29	1.30	.53	.15	.42	.92	1.75	.53	.40
85 +	—	—	—	—	—	.92	1.27	.47	—
All ages	3.92	3.39	3.28	3.05	2.67	2.17	1.82	1.50	1.07

This Table shows the very great changes that have taken place in the age distribution of the Tuberculosis Death-rates. Special attention is drawn to the remarkable drop amongst persons under 15 years of age since 1911, in spite of the war.

The improvement at ages over 15 is also very considerable since 1910, but not quite so great in the last quinquennium.

It is difficult to resist the conclusion that these Tables establish a case indicating a definite degree of success for the Anti-tuberculosis work that has been going on locally since before 1910.

CANCER, 1925.

The Cancer experience of Ipswich is given in the following Table :—

Period.	Males.	Females.	**Ipswich.**	Persons. England & Wales
1841—1850	.08	.32	**.21**	—
1851—1860	.12	.42	**.28**	.31
1861—1870	.24	.66	**.47**	.38
1871—1880	.43	.77	**.61**	.47
1881—1890	.45	.84	**.66**	.59
1891—1900	.62	.90	**.77**	.75
1901—1910	.87	1.11	**.99**	.90
1911—1920	1.10	1.39	**1.24**	1.11
1921—1925	1.33	1.51	**1.42**	—
1911	.96	1.24	**1.11**	.99
1912	1.04	1.31	**1.18**	1.02
1913	1.11	1.45	**1.34**	1.06
1914	1.15	1.31	**1.23**	1.06
1915	1.06	1.53	**1.31**	1.12
1916	1.31	1.28	**1.30**	1.16
1917	1.20	1.47	**1.35**	1.21
1918	.79	1.32	**1.07**	1.21
1919	1.20	1.22	**1.21**	1.14
1920	1.02	1.72	**1.39**	1.16
1921	1.11	1.31	**1.21**	1.21
1922	1.33	1.44	**1.39**	1.22
1923	1.01	1.70	**1.38**	1.26
1924	1.48	1.36	**1.42**	1.29
1925	1.68	1.74	**1.72**	—

The male Cancer Death-rate for 1925 was thus by far the highest yet recorded, whilst the female rate fractionally exceeded that of 1920, the previous record year.

The Cancer Death-rate for the quinquennium 1921-1925 for both sexes, considerably exceeded any hitherto recorded.

With regard to the sex distribution of Cancer, there are two striking facts :—

(1) The consistency with which the female Death-rate exceeds the male ; and

(2) The consistency with which the male Death-rate is overhauling the female.

In 1925 the site incidence of Cancer exhibited the usual preference for the intestines, stomach, liver, uterus and female breast.

With regard to age incidence, Cancer is a disease of people over middle age, although it causes a mortality at all ages. So far as local experience goes, the mortality from Cancer for both sexes under 25 years of age is about the same, whilst the incidence is extremely low. Between 25 and 35 years of age, there is some increase in the Death-rates for both sexes, but quite definitely higher for the female sex.

Over 35 years of age the Cancer Death-rate increases very rapidly for both sexes as age advances, reaching its maximum over 70 years of age.

From 35 to 50 years of age there is a heavy disproportionate mortality from Cancer amongst females.

From 50 to 65 years of age the difference between the two sexes has been gradually removed by the disproportionate increase in the male Death-rate, so that since the beginning of this century, the male and female rates for this particular age period, are about level, allowing for inevitable fluctuations.

Over 65 years of age the feature of the recent local Cancer statistics is the high male Cancer mortality.

Thus the law is that Cancer increases as age advances, with its greatest incidence at the greatest ages, except over 85 years of age.

At the present moment 9 per cent. of the local Cancer deaths occur under 45 years of age, 41 per cent. between 45 and 65 years of age and 50 per cent. over 65 years of age.

The question of the increase of Cancer at the present day calls for a little attention. So far as local evidence goes, Cancer has not increased even statistically, under 40 years of age, since 1841.

Over 40 years of age there is a definite statistical increase at all ages for both sexes, but particularly males, especially over 65 years of age.

I give a Table showing the age distribution of the Death-rates from Cancer, in terms of decennia between 1841 and 1920, and for the quinquennium 1921-1925, for each sex and for persons :—

COMPARATIVE CANCER DEATH-RATES.

Age Periods.	1841 to 1850	1851 to 1860	1861 to 1870	1871 to 1880	1881 to 1890	1891 to 1900	1901 to 1910	1911 to 1920	1921 to 1925
Males.									
—25	.01	.01	.01	.03	.01	.04	.02	.03	.05
25—35	.09	—	.08	.17	.03	.06	.06	.05	.17
35—45	.13	.15	.14	.21	.18	.38	.48	.32	.32
45—55	.18	.30	.40	.86	1.04	1.37	1.84	1.41	2.06
55—65	.27	.68	.67	2.05	2.13	3.20	4.32	4.16	4.04
65—75	.46	1.11	2.79	3.66	4.99	5.50	7.17	10.65	10.22
75—85	.68	.50	4.18	3.39	2.42	3.50	8.14	12.57	14.30
85 —	—	—	—	2.99	3.16	6.33	1.81	5.08	3.11
Females.									
—25	.01	.02	.01	.02	.02	.02	.02	.03	.04
25—35	.08	.20	.31	.20	.17	.20	.12	.19	.09
35—45	.34	.71	.81	1.21	.90	.83	1.02	.83	.95
45—55	1.76	1.49	2.15	1.81	1.80	2.16	2.23	2.28	2.44
55—65	1.14	.91	2.85	3.56	4.11	3.93	4.37	3.93	4.06
65—75	.98	2.07	2.80	3.69	5.00	5.61	6.62	9.06	7.27
75—85	1.52	3.47	2.48	3.71	4.67	5.98	8.25	11.26	14.16
85 —	5.48	—	—	—	3.03	2.59	8.86	9.08	8.80
Persons.									
—25	.01	.02	.01	.02	.01	.03	.02	.03	.04
25—35	.05	.11	.21	.18	.10	.14	.09	.13	.13
35—45	.24	.45	.50	.75	.56	.62	.77	.59	.65
45—55	1.04	.94	1.31	1.37	1.45	1.80	2.05	1.87	2.27
55—65	.75	.87	1.87	2.87	3.23	3.60	4.34	4.03	4.06
65—75	.74	1.65	2.80	3.67	5.00	5.56	6.85	9.71	8.53
75—85	1.16	2.17	3.20	3.58	3.76	4.92	8.21	11.75	14.19
85 +	3.50	—	—	1.03	3.07	3.67	6.37	7.58	7.17

The Table shows quite clearly the progressive liability to Cancer as age advances. How far this increase is real and how far it is due to increased accuracy in diagnosis and increased accuracy of death certification, are matters too technical and controversial for a Report of this kind.

It is sufficient to state the personal opinion that the statistical case, if carried back sufficiently far, proves its own fallibility from the comparative point of view, and the supporters of the view of increase, in accordance with the statistics, have not made sufficient allowance for the effects of increased means of diagnosis and the vastly improved standard of knowledge of the generality of Medical Practitioners.

DISEASES OF THE RESPIRATORY SYSTEM—1925.

165 deaths from diseases of the Respiratory System were recorded during the year, as compared with 124, 150, 181 and 126 in the four preceding years.

95 deaths were ascribed to Bronchitis, 58 to Pneumonia and 12 to all other forms of Respiratory disease.

The male Death-rate exceeded the female as is practically always the case.

Pneumonia was most fatal to the younger, Bronchitis to the older.

32 of the deaths occurred under 5 years of age and 92 over 65.

The behaviour of the Respiratory Death-rates in Ipswich since 1841 is shown thus :—

	Respiratory Death-rates per 1,000 living.		
Period.	Males.	Females.	Persons.
1841—1850	3.69	3.06	3.36
1851—1860	3.84	2.97	3.38
1861—1870	3.67	3.06	3.37
1871—1880	3.81	3.04	3.39
1881—1890	3.66	2.78	3.19
1891—1900	3.67	2.78	3.19
1901—1910	2.38	2.15	2.25
1911—1920	2.36	2.04	2.19
1921—1925	1.81	1.83	1.82

The principal facts exhibited in this Table are as follows :—

(1) The consistency with which the male Death-rate exceeded the female, with the single exception of the last quinquennium.

(2) From 1841-1880 the Death-rates for both sexes remained practically stationary.

(3) From 1881-1900 the male Death-rate remained unchanged, but the female declined to a small extent.

(4) From 1901-1920 the male Death-rate dropped sharply, whilst the female rate continued its decline.

(5) The Mortality from Respiratory diseases recorded for the period 1921-1925 was the lowest in the history of the Borough.

If the age distribution of the deaths from Respiratory diseases be examined, it will be found that the lowest rates are recorded for both sexes between 10 and 15 years of age, and the highest at ages over 65 years.

Age distribution of the deaths from diseases of the Respiratory System, 1841-1925, shown as averages for the decennia 1841-1920, and the quinquennium 1921-1925.

Ages.	1841 to 1850	1851 to 1860	1861 to 1870	1871 to 1880	1881 to 1890	1891 to 1900	1901 to 1910	1911 to 1920	1921 to 1925
— 5	13.95	11.22	12.26	11.54	12.18	11.26	8.54	6.90	4.24
—10	.99	.74	.57	.56	.54	.49	.38	.44	.27
—15	.24	.28	.18	.16	.20	.09	.07	.19	.10
—20	.44	.52	.36	.17	.20	.21	.16	.23	.22
—25	.52	.54	.36	.21	.27	.29	.18	.27	.24
25—35	.64	.69	.63	.70	.46	.57	.37	.27	.26
35—45	1.51	.94	1.17	1.27	1.03	1.32	.54	.77	.53
45—55	2.13	2.27	1.70	2.91	2.01	2.53	1.49	1.07	1.14
55—65	5.29	7.93	5.28	5.80	5.09	5.84	3.25	3.02	1.92
65—75	10.89	14.73	12.79	12.86	13.16	13.35	9.25	9.74	8.98
75—85	20.36	23.04	22.59	25.53	24.50	28.40	21.48	22.89	23.30
85 +	27.97	23.25	30.71	40.25	30.72	30.29	27.58	47.87	47.49
All Ages	3.36	3.38	3.37	3.39	3.19	3.19	2.25	2.19	1.82

The Table shows very clearly indeed the great change that has taken place in the number of deaths from Bronchitis and Pneumonia, for each age period since the beginning of this century. I call particular attention to the remarkable fall in the rates under 5 years of age.

It will be observed that the fall in the Respiratory Death-rate since 1901 applies to every age period, except the group over 75 years of age, which remains unchanged, due allowance being made for the inevitable fluctuations of small communities, such as the group over 85 years of age.

It must be confessed that it is difficult to account satisfactorily for the change in the Respiratory Death-rate. The age distribution would appear to show that it is independent of special procedures, directed towards special age periods, since the variation applies to every age period, except the precise period to which it could not be expected to apply. With equal certainty we may rule out climatological conditions as the determining factor.

The treatment of Bronchitis and Pneumonia has undergone very considerable improvement of recent years, and has undoubtedly had some influence, but I am not prepared to believe that the explanation lies in this alone. Nursing services are available to-day, of a quality undreamt of, say even 30 years ago, and this also has had some influence.

It is quite likely that the spread of knowledge of Hygienic modes of life has contributed in no small measure to the result. The appreciation of fresh air, the greater cleanliness both inside and outside the house, the improved standard of Housing, with particular reference to density, have all helped to diminish the liability to attacks of Bronchitis and Pneumonia, and to promote the recovery of those attacked.

I am of opinion that the Dental treatment of school children has had a definite influence in diminishing the liability to and the danger from Acute Lung Diseases.

Whatever the cause the fact remains and is all the more remarkable when we consider that Influenza has never been absent since 1891, although it had practically disappeared during the 40 years prior to its return in that year.

SEVEN PRINCIPAL ZYMOTICS.

42 deaths were referred to this group in 1925, as compared with 13 in 1924, 10 in 1923, 32 in 1922 and 38 in 1921.

18 deaths were due to Whooping Cough, 14 to Measles, 8 to Diarrhœa under 2 years of age and 1 each to Typhoid Fever and Diphtheria.

For the five years 1921-1925, the average Death-rate from this group was equal to 0.32 per 1,000 living, a rate far below any hitherto recorded in the history of the Borough.

The annexed Table shows the behaviour of the Death-rates of each of the Principal Zymotic Diseases since 1841 for persons only :—

Disease.	1841 to 1850	1851 to 1860	1861 to 1870	1871 to 1880	1881 to 1891	1891 to 1900	1901 to 1910	1911 to 1920	1921 to 1925
Enteric Fever ..	.04	.06	.09	.21	.12	.19	.10	.007	.007
Small Pox ..	.35	.31	.14	.33	.003	.001	—	—	—
Measles	.30	.20	.18	.17	.36	.29	.27	.16	.05
Scarlet Fever ..	.41	.34	.75	.43	.07	.08	.02	.05	.01
Whooping Cough	.57	.46	.44	.57	.46	.32	.23	.18	.09
Diphtheria ..	.12	.14	.24	.23	.31	.25	.14	.16	.06
Diarrhœa ..	.90	1.04	.76	1.10	.60	1.15	.53	.26	.10
All Forms ..	2.70	2.57	2.63	3.05	1.92	2.29	1.32	.83	.32

Thus Diarrhœal diseases under 2 years of age are still the chief cause of death in this particular group, although the rate is only very slightly in excess of that of Whooping Cough, which has occupied the second position of the seven diseases since 1841 with only two exceptions.

Measles and Diphtheria are, at the present moment, the cause of about the same Death-rate, but it must not be forgotten that there are many cases of Measles, but relatively few of Diphtheria.

Scarlet Fever at the moment appears to be passing through a mild phase, but as this disease has exhibited the same feature before and has subsequently acquired a totally different type, it would be very unwise to assume that the existing variety has become stabilised.

Enteric Fever has ceased to contribute materially to the Death-rate. In this case the fall is due to diminished prevalence, the disease having practically disappeared in its epidemic form.

Small Pox has not caused a death in Ipswich since 1893.

INFLUENZA. 26 deaths, 9 males and 17 females, were referred to Influenza in 1925, as compared with 22 in 1924, 6 in 1923, 41 in 1922, and 13 in 1921. 11 of the deaths during 1925 occurred in February and 9 in March.

The Influenza Death-rate for persons was equal to 0.31 per 1,000 living, as compared with an average of 0.26 for the quinquennium ending 1925, 0.49 for the decennium 1911-1920, 0.23 for 1901-1910, and 0.42 for 1891-1900.

ENCEPHALITIS LETHARGICA. There were 4 deaths from this disease in 1925, as compared with 1 in 1924, 0 in 1923, 1 in 1922, 0 in 1921, and 3 in 1920. All the cases notified in 1925 proved fatal.

DISEASES OF THE CIRCULATORY SYSTEM.

The part played by diseases of the Circulatory System in the production of the general Death-rate is exhibited in this Table of decennial Death-rates for both sexes since 1841.

Decennia.	Males.	Females.	Persons.
1841—1850	.54	.63	.58
1851—1860	.75	.66	.71
1861—1870	.99	1.02	1.01
1871—1880	1.33	1.14	1.23
1881—1890	1.21	1.07	1.14
1891—1900	1.29	1.36	1.31
1901—1910	1.22	1.27	1.24
1911—1920	1.51	1.53	1.51
1921—1925	1.49	1.40	1.44

Thus diseases of the Circulatory System show a statistical increase, much of which, if not all, is due to greater accuracy of certification.

The sex liability is about equal.

Diseases of the Circulatory System belong essentially to the group of Degeneration diseases. The group Death-rates would therefore be expected to become prominent after 45 years of age, and this is exactly what does occur.

I give a Table of Decennial Death-rates for persons only, arranged according to the 12 age periods since 1901, from which will be seen the excessive mortality from these diseases amongst the old.

Age distribution of the deaths from diseases of the Circulatory System amongst persons since 1901 :—

Age Periods.	1901 to 1910	1911 to 1920	1921 to 1925
— 5	.09	.07	.03
—10	.08	.17	.03
—15	.15	.24	.18
— 20	.23	.24	.14
—25	.28	.30	.18
25—35	.28	.40	.19
35—45	.74	.76	.26
45—55	1.67	1.38	1.34
55—65	4.23	4.06	3.38
65—75	8.92	10.39	9.67
75—85	14.84	17.70	18.08
85 +	9.55	21.80	31.36

I give a final Table showing the proportion borne by diseases of the Heart itself (excluding Angina Pectoris) to diseases of all other tissues of the Circulatory System, together with the decennial Death-rates from Heart diseases alone :—

Decennia.	Death-rates.	% Proportion of Heart Diseases.
1841—1850	.49	84
1851—1860	.64	91
1861—1870	.97	95
1871—1880	1.11	90
1881—1890	1.06	93
1891—1900	1.18	90
1901—1910	1.12	90
1911—1920	1.31	86
1921—1925	1.17	81

Thus, with the exception of 1911-1920, the Death-rates from Heart diseases remained practically stationary from 1871-1925.

The fall in the proportion of Heart diseases of recent years is due to greater accuracy of diagnosis.

DISEASES OF THE NERVOUS SYSTEM.

Diseases of the Nervous System account for about 10.7 per cent. of the total deaths from all causes at the present time.

More than half of these deaths are due to Cerebral Hæmorrhage, pre-eminently a disease of degeneration.

The subjoined Table shows the behaviour of the decennial Death-rates from diseases of the Nervous System, for both sexes, since 1841 :—

Decennia.	Males.	Females.	Persons.
1841—1850	2.19	1.95	2.01
1851—1860	2.99	2.57	2.77
1861—1870	3.11	2.52	2.82
1871—1880	3.69	2.75	3.18
1881—1890	2.65	2.12	2.37
1891—1900	1.99	1.65	1.81
1901—1910	1.78	1.49	1.62
1911—1920	1.53	1.43	1.47
1921—1925	1.29	1.10	1.18

Thus throughout the whole period under review, the male Death-rate exceeded the female.

For both sexes the Death-rates rose from 1840 until 1880. Thereafter they declined to the lowest point recorded in 1921-1925.

The rise from 1841-1880 can be ascribed with some reason to transference from other groups, such as the Ill Defined, implying improving accuracy of diagnosis.

From 1880 the decline is due to greater accuracy in diagnosis generally and to a very considerable drop in the number of deaths referred to Convulsions under 5 years of age. This quite indefensible term has been abandoned by the great majority of Practitioners.

The age distribution of the Death-rates from diseases of the Nervous System since 1881, is given in the following Table for persons only :—

Age Periods.	1881 to 1890	1891 to 1900	1901 to 1910	1911 to 1920	1921 to 1925
— 5	6.58	4.54	3.65	2.21	1.28
—10	.47	.34	.27	.34	.08
—15	.34	.31	.32	.14	.18
—20	.39	.37	.21	.24	.11
—25	.25	.27	.26	.21	.15
25—35	.60	.44	.31	.30	.26
35—45	1.29	1.03	.84	.73	.50
45—55	1.95	1.75	1.50	1.54	.87
55—65	4.86	4.03	3.32	3.45	2.04
65—75	12.10	9.31	9.11	6.86	7.19
75—85	14.75	13.05	13.83	14.19	12.32
85 +	20.48	14.69	16.56	18.96	25.09

The Table shows quite clearly the changes that have taken place within the period covered. The high mortality experience of young children is obvious, and the increasing tendency to death from the diseases comprised in the group at all ages over 35, is very evident.

As already stated, the chief cause of death from disease of the Nervous System, is Cerebral Hæmorrhage or Apoplexy. So far as Ipswich is concerned, the Death-rate from Apoplexy has remained, for all practical intents and purposes, stationary since 1881, but the proportion borne by deaths from Apoplexy to deaths from all other forms of Nervous disease, has risen from 29 per cent. in 1881-1890, to 50 per cent. in 1921-1925. As the Death-rate shows this not to be due to increase in Apoplexy, obviously it is due to diminution in the other causes of death from Nervous disease.

At the present day, the Death-rate from Apoplexy under 35 years of age, is negligible, and is of little significance between 35 and 45 years of age.

After 45 it becomes a progressively serious cause of death, not to speak of its disastrous disabling effects.

In illustration, I give an abbreviated Table showing the average Death-rates from Apoplexy at age periods over 45 since 1911, and the proportion borne by this condition to all other causes of Nervous disease, at these age periods :—

	1911—1920			1921—1925		
Ages.	D.R. All Nervous.	Apoplexy only.	Percentage.	D.R. All Nervous.	Apoplexy only.	Percentage.
45—55	1.54	.69	45	.87	.52	60
55—65	3.45	2.06	59	2.04	1.28	62
65—75	6.86	4.54	66	7.19	5.26	73
75—85	14.19	9.15	64	12.32	9.77	79
85—	18.96	14.22	75	25.09	15.23	67

DEATHS FROM VIOLENCE.

29 deaths were registered from Violence in Ipswich (including Suicides) in 1925, as compared with 38, 37, 28 and 39 respectively in the four preceding years.

Of the 29 deaths, 19 were males and 10 females.

The Death-rate from Violence for the period 1921-1925, was the lowest recorded for persons since 1841.

The male Death-rate during this quinquennium was considerably below anything recorded previously, whilst the female was practically identical with the average.

These figures include Street Accidents, and on that account are all the more remarkable.

I append the following Table of Death-rates from Violence since 1841 :—

	Death-rate per 1,000 living.		
Periods.	Males.	Females.	Persons.
1841—1850	.89	.25	.55
1851—1860	.88	.38	.61
1861—1870	.87	.26	.56
1871—1880	.76	.20	.47
1881—1890	.75	.23	.47
1891—1900	.78	.29	.52
1901—1910	.73	.29	.50
1911—1920	.73	.36	.54
1921—1925	.58	.26	.42
1921	.60	.37	.48
1922	.52	.18	.34
1923	.67	.25	.45
1924	.61	.31	.45
1925	.57	.22	.34

PUERPERAL MORTALITY.

The following Table shows the Death-rates per 1,000 Births from various accidents and diseases of Pregnancy and Child-birth, in terms of decennia since 1841 and for the quinquennium 1921-1925 :—

Period.	Puerperal Fever.	Puerperal Hæmorrhage.	Puerperal Convulsions.	All other accidents & diseases.	Total. All causes.
1841—1850	1.81	.42	.53	1.71	4.47
1851—1860	1.00	.17	1.00	1.60	3.77
1861—1870	.90	.45	.52	1.51	3.38
1871—1880	1.53	.57	.25	1.72	4.07
1881—1890	2.16	.52	.41	1.41	4.50
1891—1900	1.57	.50	.22	1.92	4.21
1901—1910	.63	1.07	.63	1.44	3.77
1911—1920	1.39	.60	.97	1.33	4.29
1921—1925	1.55	.13	.52	.78	2.98
1841—1925	1.38	.55	.55	1.52	4.00

It must be confessed that the case as presented by this Table affords extremely little ground for satisfaction. There is an improvement in the last quinquennium, so far as two of the groups are concerned, but this is the sort of evidence inevitable in all small communities, and as such, worthless.

There is no apparent improvement in the case of Puerperal Sepsis, due allowance being made for the variations necessarily incidental in small communities.

So far as the Miscellaneous group is concerned, the available evidence is also inconclusive. The salient fact remains that the average experience of Ipswich, over a period of 85 years, establishes the fact that four women die from various Puerperal accidents and diseases, in giving birth to 1,000 infants.

This fact is known, but it is not known how far women dying shortly after confinement from various other diseases, not in themselves specifically belonging to the Puerperal group, really owe the fatal result of their illness to their confinement.

Further, injuries are inflicted on the maternal parts during some confinements, resulting in permanent injury to health or prolonged invalidism.

All these statistical and general facts constitute a strong plea for an efficient Midwifery service.

INFANT MORTALITY.

The following Table indicates the Infant Mortality figures for Ipswich since 1841. The corresponding figures for England and Wales are given for comparison :—

Years.	No. of Deaths.	Death-rates : Ipswich.	Death-rates : England & Wales.	Proportional Rates.
1841—1850	1,658	**176**	153	100
1851—1860	2,053	**172**	154	97
1861—1870	2,123	**159**	154	90
1871—1880	2,393	**152**	149	86
1881—1890	2,331	**136**	142	77
1891—1900	2,763	**155**	153	88
1901—1910	2,367	**126**	128	71
1911—1920	1,505	**91**	100	51
1921—1925	471	**61**	—	35
1901	320	**168**	151	95
1902	224	**119**	133	67
1903	271	**138**	132	78
1904	270	**140**	145	79
1905	283	**145**	128	82
1906	272	**142**	132	80
1907	194	**104**	118	59
1908	198	**109**	120	62
1909	162	**90**	109	51
1910	173	**96**	105	54
1911	181	**102**	130	58
1912	195	**111**	95	63
1913	174	**96**	108	55
1914	188	**104**	105	59
1915	152	**94**	110	52
1916	135	**81**	91	46
1917	120	**91**	96	51
1918	115	**83**	97	47
1919	100	**70**	89	40
1920	145	**72**	80	41
1921	128	**74**	83	42
1922	85	**53**	77	30
1923	79	**51**	69	29
1924	75	**52**	75	29
1925	104	**73**	75	41

Thus during 1925 the high standard of the three previous years was not maintained, although the rate experienced was below the average of the country as a whole.

The chief reasons for the excess mortality of 1925 were the increase in the number of deaths from Whooping Cough, Bronchitis and Pneumonia.

As usual the principal causes of Infant deaths were the group of Wasting diseases, Bronchitis and Pneumonia, these accounting for 54 per cent. of the total.

Notable features of the 1925 returns were the small number of deaths referred to Diarrhœa and the complete absence of deaths from Tuberculosis.

The sex distribution of the Local Infant Mortality is given in the subjoined Table of Decennial Average Death-rates :—

Decennia.	Death-rates per 1,000 Births.	
	Males.	Females.
1841—1850	191	161
1851—1860	184	159
1861—1870	167	151
1871—1880	171	134
1881—1890	153	118
1891—1900	174	135
1901—1910	138	113
1911—1920	105	76
1921—1925	71	51

Thus throughout the whole period the Male Infant Mortality exceeded the Female with a consistency that establishes the law.

It is worthy of note that the Female Death-rate has fallen farther than the Male, not only actually, but proportionally.

TWIN INFANT MORTALITY, 1921-1925.

The following Table shows the excessive Mortality of Twins as compared with other Infants :—

Death-rates per 1,000 Births.					
Year.	Legitimate.	Illegitimate.	Single Infants.	Twins.	All Infants.
1921	71	117	69	333	74
1922	51	102	50	194	53
1923	49	82	48	161	51
1924	55	—	45	343	52
1925	72	92	63	360	73
Average	60	82	55	285	61

Thus Twins experienced a Mortality more than five times that of single Infants.

The causes of the excessive Twin Mortality are exhibited thus :—

Death-rates per 1,000 Births.		
Causes of Death.	Single Infants.	Twin Infants.
Prematurity	10	121
Debility from Birth ..	9	71
All other causes ..	36	93
Total	55	285

In other words the Mortality of Twin Infants from Prematurity was 12 times that of Single Infants, 8 times for Debility and 2 and a half times for all other causes.

There is a very considerable discrepancy between the Mortality rates of Twin boys and Twin girls. Boy and girl Twins again show a combined Mortality much below that of girl Twins. These facts are exhibited in the Table of Twin Mortality rates annexed. For purpose of comparison the Sex Mortality rates for all Infants are also given.

Class.	Infants born alive.	No. of Deaths.	Rate per 1,000 Births.	No. of cases in which both died.	Death-rates, all Births.
Twin Boys	62	22	354	7	71
Twin Girls	48	14	291	6	51
Boy & Girl	62	14	225	6	—
All others	10	2	200	—	—
Total	182	52	285	19	61

It would appear, therefore, that one pair of Twins may be expected to die out of every five pairs born.

The ages at death of Twins is of importance. Thus 29 died in the first week of life, 36 in the first month and 47 in the first three months and 51 in the first six months.

It would appear therefore that whilst a very heavy Twin Mortality may be expected during the first three months of life, those Twins surviving this period, enjoy a high chance of continued existence.

I give a Table showing the deaths of Infants ascribed to Tuberculosis between 1881 and 1925 :—

Period.	Deaths from Tuberculosis under 1 year.	
	No. of Deaths.	Death-rates per 1,000 Births.
1881—1890	121	7.07
1891—1900	75	4.21
1901—1910	60	3.19
1911—1920	41	2.48
1921—1925	6	.77

The chief cause for the fall in the Infant Tuberculosis Death-rate is the very great diminution in the number of Infants dying from Tuberculosis of the Abdominal and Nervous Systems, although at the present the chief cause of the Tuberculosis Death-rate in Infancy is still Tuberculous Meningitis.

No doubt much of the variation is due to diagnosis, but the figures do suggest that the Tuberculosis of Infancy is following the same course as the Tuberculosis of later life.

CONGENITAL MALFORMATIONS.

Congenital Malformations contribute a definite, and at the moment, an increasing proportion of the total Infant Death-rate. Thus in the decennium 1901-1910, the Death-rate from Congenital Malformations, was equal to 2.2 per 1,000 births; in 1911-1920, 3.2 per 1,000 births, and in the quinquennium 1921-1925, 4.5 per 1,000 births.

The proportion of deaths from Congenital Malformations to deaths from all causes in Infancy, rose from 2.2 per cent. in 1901-1910 to 7.4 per cent. in 1921-1925.

It should be noted that the group of Congenital Malformations, to which the above figures apply, does not include Hydrocephalus, for the reason that the term has been used so loosely in the past as to be valueless.

Between 1901 and 1925, 151 deaths under 1 year of age were referred to Congenital Malformations. Of these 58 were ascribed to Congenital Heart Disease, 47 to Spina Bifida, Meningocele, etc., 15 to Hare Lip and Cleft Palate, 8 to Imperforate Anus, 7 to Pyloric Stenosis, and 16 to all others. Of this total 84 were males and 67 females.

During the same period, 12 deaths were ascribed to Hydrocephalus under 1 year of age.

There is not the slightest ground for the supposition that there is a real increase in the number and proportion of cases of Congenital Malformations. The apparent increase is due to more correct certification of the actual cause of death, particularly in the case of Congenital Heart Disease.

With the exception of certain cases of Congenital Heart (not all by any means) and of the cases of Pyloric Stenosis, all these Congenital Malformations are so obvious as to be unmistakable, and for this reason the figures may be accepted as reasonably accurate.

The majority of these Infants died within a few days of birth.

This brings us to a matter of very great medico legal importance indeed, viz., that Malformations are not confined to those that are obvious and external.

There are Malformations of every organ of the body, giving no obvious or external evidence of their existence, but in many cases incompatible with continued life.

It is notorious that the most fatal day of life is the first, the most fatal week is the first and the most fatal month is the first.

How many Infants supposed to have died from that convenient but meaningless term Debility from Birth, during the first week or two of life have died really from an unrecognised internal Malformation ? How many Infants, certified as having been suffocated in bed, have not been suffocated at all, but have succumbed to some internal Malformation, only discoverable by a Post Mortem examination ?

In my opinion every unexplained Infant death should be the subject of a Post Mortem examination by a Pathologist, and no verdict of Suffocation should be returned without a Post Mortem by a Pathologist. For obvious reasons, in this relation, this suggestion is of greater force the younger the Infant.

MORTALITY OVER 70 YEARS OF AGE.

The following Table shows the decennial numbers of deaths over 70 years of age since 1841, together with the percentage proportion of deaths over 70 years of age to deaths at all ages and the Death-rates per 1,000 living over 70 years of age (persons).

Decennium.	No. of Deaths.	Percentage proportion of deaths at all ages.	Death-rate per 1,000 living.
1841—1850	964	14.6	118.66
1851—1860	1170	14.9	112.32
1861—1870	1399	15.6	107.72
1871—1880	1846	17.8	124.23
1881—1890	1896	18.8	112.62
1891—1900	2284	20.4	113.51
1901—1910	2593	24.5	108.90
1911—1920	2968	28.1	103.28
1921—1925	1618	35.7	96.11

From this it appears that from 1841-1860, roughly, one death in seven was of a person over 70 years of age, whereas in 1921-1925, the proportion had risen to one in three.

At the same time there was a small fall in the Death-rate over 70 years of age.

The disproportionate increase in the proportion of deaths over 70 years of age since 1901, is due to the great diminution in the number of deaths at the younger ages, especially under 5 years of age.

Thus the health conditions of the present day exhibit two well marked features :—

(1) A great diminution in the liability to death at the younger ages.

(2) A prospect for every third person of survival to the age of 70 or over.

These facts bear eloquent testimony to the improved health conditions obtaining locally.

NOTIFICATIONS OF INFECTIOUS DISEASES, 1925.

The following Table indicates the experience of the year 1925 as compared with 1921, 1922, 1923 and 1924 :—

Diseases Notified.	Years.					1921—1925 Number.	Notification Rates.
	1921	1922	1923	1924	1925		
Chicken Pox	406	117	506	651	502	2182	5.34
Diphtheria	441	146	94	20	35	736	1.80
Scarlet Fever	73	126	127	125	130	581	1.42
Pneumonia	78	169	79	62	155	543	1.33
Erysipelas	21	18	21	32	28	120	.29
Puerperal Fever ..	5	5	10	21	19	60	.15
Ophthalmia Neonatorum	18	17	7	10	1	53	.13
Enteric Fever	5	3	4	3	19	34	.08
Malaria	9	9	—	1	—	19	.05
Encephalitis Lethargica	3	—	—	1	4	8	.02
Anterior Poliomyelitis ..	5	—	1	1	1	8	.02
Cerebro-Spinal Fever ..	3	—	—	—	4	7	.02
Dysentery	2	—	—	—	—	2	.004
Acute Polio-Encephalitis	1	—	—	—	—	1	.002
	1070	610	849	927	898	4354	10.65

This Table indicates sufficiently clearly, the notification experience of the Borough during the last five years, but some examination of the figures is required.

CHICKEN POX.—This disease is retained on the notification list on account of the continued presence of Small Pox in other parts of the country. It is seen that it accounts for almost exactly one half of all the cases notified during the last five years.

SCARLET FEVER has remained practically stationary as to numbers for the last four years. The notification rate for 1921-1925, was the lowest recorded for any period since notification came into force. This fact is exhibited as follows :—

Period.	Notification rates per 1,000 living.
1891—1900	4.27
1901—1910	1.60
1911—1921	3.51
1921—1925	1.42

The rate for the last five years is all the more remarkable on account of the extreme mildness of the existing type and its tendency to simulate, very closely indeed, the Scarlatiniform variety of German Measles. Many of the cases exhibited practically no symptoms of illness and there were no deaths ascribed to Scarlet Fever in 1925.

117 out of 130 cases notified were removed to Hospital or 90 per cent. of the cases. This is about the local average.

DIPHTHERIA in 1925, although slightly more prevalent than in the previous year, was still much below the experience of recent years. In fact it is doubtful whether Diphtheria has ever been less prevalent in the Borough than during the last two years.

The average experience of Diphtheria incidence is shown since 1891 in the Table :—

Period.	Notification rate per 1,000 living.
1891—1900	.86
1901—1910	1.12
1911—1920	2.32
1921—1925	1.80

There is thus a very great difference between the behaviour of Diphtheria and that of Scarlet Fever so far as local experience goes, but of course the rates for 1921-1925 were very heavily weighted by the epidemic conditions of 1921, which more than neutralised the low incidence of the last two years.

On the whole the type was mild. There was one fatal case ascribed to Laryngeal Diphtheria. This case was not removed to Hospital, and indeed there was a good deal of doubt as to its precise nature.

32 of the 35 cases notified were removed to Hospital or 91 per cent. This is below the average experience. All the cases removed recovered.

ENTERIC FEVER was responsible for more cases in 1925 than for many years past. Of the 19 cases notified, 13 were traced quite definitely to one infecting case. Of these 2 were in the home of the originating case and 11 in the Ipswich and East Suffolk Hospital, to which the original case was admitted with a diagnosis not Enteric Fever. Four of the 11 cases infected in the East Suffolk Hospital, belonged to Ipswich, and 7 to areas other than Ipswich.

Of the remaining five cases, three were notified from the Ipswich and East Suffolk Hospital, having been admitted with a diagnosis not Enteric. Of these one belonged to Ipswich.

The remaining cases both belonged to Ipswich, but one was an imported case, the patient having been working away from the town and returning to his home in Ipswich when unable to continue his work.

Thus apart from the general Hospital outbreak, the incidence of Enteric Fever in the Borough was extremely low.

Of the 19 cases notified, 18 were treated in Hospital. Of these 17 were removed to the Isolation Hospital, and a Nurse at the General Hospital, who was one of the 13 cases, remained under treatment in that Institution.

One case was treated at home.

Thus the proportion isolated was nearly 95 per cent.

There was one fatal case, one of those infected in the General Hospital, but as this child was suffering from an acute Tuberculous process at the time, it was doubtful whether death was due to the Typhoid condition or the original disease.

Practically the whole of the cases notified during the year were Para-Typhoid B. The whole of the 14 cases already referred to belonged to this group.

The following Table compares the notifications of Enteric Fever from 1921-1925 with the experience since 1891 :—

Period.	Notification rates per 1,000 living.
1891—1900	1.51
1901—1910	.68
1911—1920	.10
1921—1925	.08

Thus Typhoid Fever is one of the diseases that would appear to be in process of being wiped out.

PUERPERAL FEVER. 19 cases of Puerperal Fever were notified in 1925 as compared with 21 in the previous year and an average of 12 for the 5 years 1921-1925.

The following Table shows the experience of Ipswich in relation to notifications of Puerperal Fever since 1891 :—

Decennium.	Notification.		Deaths.		Case Fatality per cent.
	Nos.	Rates.	Nos.	Rates.	
1891—1900	39	2.19	28	1.57	71.8
1901—1910	26	1.38	12	.63	46.1
1911—1920	54	3.26	23	1.39	42.6
1921—1925	60	7.77	12	1.55	20.0
1921	5	2.90	3	1.74	60.0
1922	5	3.15	1	.63	20.0
1923	10	6.46	2	1.29	20.0
1924	21	14.68	2	1.39	9.0
1925	19	13.37	4	2.81	21.0

Thus the notification rate per 1,000 Births during 1921-1925, was by far the highest yet recorded. It may be suggested that the notification figures of the last two or three years, represent an unusual experience, and it may be so, but it is a fact that more attention is paid to notification locally, than was the case. Further, much better provision now exists for the treatment of cases of Puerperal Fever than formerly, beds being available either at the Ipswich and East Suffolk Hospital or at the Ipswich Isolation Hospital. It is always an inducement to notification if the Practitioner is aware that it is not a mere official form, but the precursor of prompt and efficient Hospital treatment in all cases where removal to an Institution is indicated.

As an indication of the extent to which Institutional treatment is now utilised, it is of interest that from 1921-1925, 60 cases were notified, of whom 38 or 63 per cent. were removed to Hospital.

Of the 38 cases removed, 24 were removed to the Ipswich and East Suffolk Hospital, of whom 6 died, and 14 to the Isolation Hospital, of whom 2 died.

Four of the 22 cases treated at home, died.

ERYSIPELAS. 28 cases were notified in 1925 as compared with 28 in the previous year and an average of 24 for the five years ending 1925. There were no deaths. Four cases were removed to Hospital as compared with nine in the previous year.

No useful purpose from the epidemic point of view is served by the retention of this disease in the Notification List.

SMALLPOX. The last case of Smallpox notified in Ipswich occurred in 1902. Since that date the public, deprived of the potent health stimulus of fear, and having been endowed by law with a conscientious objection to Vaccination, have largely abandoned Vaccination, except amongst a limited number.

It is not likely that the type of Smallpox at present prevalent in various parts of this country, will stimulate resort to Vaccination, except in the particular areas affected, but there is no guarantee that the type will remain unaltered. All experience of Infectious Disease points with unerring precision to the certainty of variation of type sooner or later. We have seen Smallpox vary from the severe to the mild and it is definitely on record that Scarlet Fever was a mild disease at the beginning of the 19th century, became extremely severe in the middle and once more mild towards the end.

History affords ample evidence in the case of many other diseases. Who would have dreamt that the mild Influenza of the summer of 1918 would have been followed by the appalling visitation of November, 1918? Amateur physicians and statisticians constitute the propagandists of Anti-vaccination, and their utterances exhibit their ignorance of the phenomena of disease and incompetence in the interpretation of statistics.

That there are physicians in this movement is merely to be expected. When Harvey discovered the circulation of the blood, he discovered the truth, but he became the butt of the medical profession. Nearer our own times Lister, whose discovery of Antiseptic Surgery was the greatest step ever made towards the amelioration of human suffering, was bombarded with abuse by his own profession.

To say that there are physicians who are opponents of Vaccination, is merely to say that there are at the present day, practitioners of the same type as in the days of Harvey and Lister, and it is not too much to say that there will always be vocal practitioners who are a century or so behind their times. Lamentable, but true.

I state once again the conviction founded on experience and I believe on knowledge, that successful Vaccination, efficiently performed, is an absolute preventive of Smallpox for a period which varies with the individual, but is at least a number of years, and that even when its full protective power has worn out, it will still modify the disease for a prolonged period.

That cases of Smallpox occur in adults, in persons vaccinated in infancy, is merely in accordance with the laws of disease. No disease, Smallpox included, is an absolute bar to a second attack. To say that Smallpox occurs after Vaccination with no other comment, is not an advertisement of knowledge but a confession of ignorance.

ENCEPHALITIS LETHARGICA. Four cases were notified in 1925 as compared with one in 1924, and three in 1921. Three were removed to Hospital.

All the cases notified in 1925 proved fatal.

No Epidemiological factor was discovered.

None of the cases were in any way related.

CEREBRO-SPINAL FEVER. Four cases were notified and confirmed in 1925 as compared with 0, 0, 0 and 3 respectively in the four preceding years. All the cases were removed to Hospital. Three proved fatal. One of these was an imported case. All the cases were sporadic.

ANTERIOR POLIOMYELITIS. One case was notified in 1925 as compared with one in 1924, one in 1923, 0 in 1922, and five in 1921.

The case was extremely mild and doubtful.

OPHTHALMIA NEONATORUM. Only one case was notified in 1925 as compared with ten in 1924, seven in 1923, 17 in 1922, and 18 in 1921.

The arrangements for the supervision of treatment of cases of this disease, in the home or in Institutions, either the East Suffolk Hospital or the Isolation Hospital, now ensure that no infant need go without adequate treatment.

NOTIFICATIONS OF TUBERCULOSIS SINCE 1909.

Year.	Pulmonary.			Non-Pulmonary.			All Forms.		
	M.	F.	P.	M.	F.	P.	M.	F.	P.
1909	41	23	64	—	—	—	41	23	64
1910	29	15	44	—	—	—	29	15	44
Average	35	19	54	—	—	—	35	19	54
1911	75	57	132	—	—	—	75	57	132
1912	178	152	330	—	—	—	178	152	330
1913	112	88	200	58	52	110	170	140	310
1914	98	58	156	18	23	41	116	81	197
1915	60	56	116	18	20	38	78	76	154
1916	91	77	168	19	17	36	110	94	204
1917	77	78	155	18	12	30	95	90	185
1918	81	97	178	16	18	34	97	115	212
1919	82	82	164	26	39	65	108	121	229
1920	70	67	137	39	36	75	109	103	212
Average	92.4	81.2	173.6	21.2	21.7	42.9	113.6	102.9	216.5
1921	173	131	304	41	35	76	214	166	380
1922	90	65	155	23	21	44	113	86	199
1923	72	61	133	38	36	74	110	97	207
1924	72	69	141	24	28	52	96	97	193
1925	72	74	146	34	32	66	106	106	212
Average	95.8	80	175.8	32	30.4	62.4	127.8	110.4	238.2

The above Table gives a complete statement of all the cases notified in Ipswich since the commencement of notification. The point is well brought out, that the increase in the number of notifications within the last five years is due practically entirely to the increase in the number of notifications of cases of Non-Pulmonary Tuberculosis. This is without doubt related to the local arrangements for the treatment of Non-Pulmonary Tuberculosis, which are such as to render Institutional treatment available for all applicants.

It is hoped that in the current year, still further extension of treatment facilities for prolonged periods, will be available.

AGE AND SEX DISTRIBUTION OF THE NOTIFICATIONS OF TUBERCULOSIS, 1925.

Age.	Pulmonary.			All other Forms.			Total.			
							1925			1924
	M.	F.	P.	M.	F.	P.	M.	F.	P.	Persons.
— 1	—	—	—	—	1	1	—	1	1	—
1— 5	1	—	1	7	10	17	8	10	18	11
5—10	6	3	9	5	9	14	11	12	23	22
10—15	6	6	12	13	4	17	19	10	29	22
15—20	6	11	17	2	4	6	8	15	23	15
20—25	11	11	22	—	—	—	11	11	22	26
25—35	14	16	30	3	1	4	17	17	34	46
35—45	14	12	26	—	2	2	14	14	28	21
45—55	11	7	18	4	—	4	15	7	22	17
55—65	3	4	7	—	—	—	3	4	7	12
65 +	2	2	4	—	1	1	2	3	5	1
Total	74	72	146	34	32	66	108	104	212	193
Notification Rates.	1.89	1.63	1.75	.87	.72	.79	2.76	2.36	2.55	2.33

This Table corresponds quite closely to the average experience, due allowance being made for the variations inseparable from small communities.

PRINCIPAL SITES OF TUBERCULOSIS.

The following Table shows the number of cases of the different varieties of Tuberculosis, notified during 1925, as compared with the corresponding figures of the four previous years :—

Situation of Disease.	Year.				
	1921	1922	1923	1924	1925
Pulmonary	304	154	133	141	146
Abdominal	6	5	10	8	9
Cerebral	5	5	7	4	5
General	1	1	1	—	—
Bones and Joints ..	32	12	24	13	17
Glands	16	11	17	16	26
All other forms of T.B. ..	16	11	15	11	9
Total	380	199	207	193	212

The above figures show remarkable similarity, with the exception of those for 1921, which were due to special circumstances explained at the time.

69 per cent. of the cases notified in 1925 were of the Pulmonary variety.

TUBERCULOSIS SURVIVAL TABLE CORRECTED TO DECEMBER 31st, 1925.

The numbers of persons notified as suffering from the various forms of Tuberculosis and known to have survived on December 31st, 1925, are shown as follows :—

Sex.	Pulmonary.	Non-Pulmonary.	All Forms.
Males ..	560	222	782
Females ..	494	214	708
Persons ..	1054	436	1490

These are the known survivors of 2,746 notified cases of Pulmonary Tuberculosis, and 750 of Non-Pulmonary Tuberculosis.

Of the remainder, 1,399 of the notified cases of Pulmonary Tuberculosis are known to be dead, or just over one half, whilst 270 have been lost sight of through migration.

Of the Non-Pulmonary cases, 220 are known to be dead, and 85 have been lost sight of.

It is not unreasonable to assume that corresponding proportions of the cases of Pulmonary and Non-Pulmonary Tuberculosis, which have been lost sight of, are dead.

In all, since the commencement of notification, 3,505 cases of all varieties of Tuberculosis, have been notified. Of these, 41 have been withdrawn, 1,619 are known to be dead, 355 have been lost sight of, and 1,490 are known to be alive.

BOROUGH ISOLATION HOSPITAL.

The following Table gives the number of cases admitted into, and treated in the Ipswich Isolation Hospital for the last five years :—

	Infectious Diseases.					Tuberculosis (including Surgical).					Total.				
	1921	1922	1923	1924	1925	1921	1922	1923	1924	1925	1921	1922	1923	1924	1925
No. in Hospital on Jan. 1st	81	56	29	12	28	21	23	16	15	17	102	79	45	27	45
Admissions	592	348	311	235	301	68	45	75	69	72	660	393	386	304	373
Total Treated	**673**	**404**	**340**	**247**	**329**	**89**	**68**	**91**	**84**	**89**	**762**	**472**	**431**	**331**	**418**
No. Discharged	589	355	315	210	279	52	34	59	50	37	641	389	374	260	316
No. of Deaths	28	20	13	9	12	14	18	17	17	24	42	38	30	26	36
No. remaining on Dec. 31st ..	56	29	12	28	38	23	16	15	17	28	79	45	27	45	66

The appended Table shows the total numbers admitted into, and treated in the Hospital since 1901 :—

Year.	Admissions.	Total Treated.
Average 1901—1910	176	202
,, 1911—1920	574	634
1921	660	762
1922	393	472
1923	386	431
1924	304	331
1925	373	418

With the exception of 1924, the number of admissions to the Hospital was the lowest since 1912.

The areas from which the cases were admitted were as follows :—

Area.	Infectious Diseases.	Tuberculosis.	Total.
Ipswich	279	60	339
Ipswich Port Sanitary Authority	2	—	2
East Suffolk County Council ..	1	10	11
Hadleigh U.D.C.	13	—	13
Hartismere R.D.C.	2	—	2
Woodbridge	1	—	1
R.A. Force	1	—	1
Norfolk County Council	—	2	2
Private	2	—	2
Total	301	72	373

The number of Deaths and the causes thereof were as follows :—

Disease.	Ipswich.	Outside Areas.	Total.
Cerebro-Spinal Fever	2	1*	3
Encephalitis Lethargica	3	—	3
Measles	1	—	1
Enteric Fever	1	—	1
Pneumonia	1	—	1
Pertussis	1	—	1
T.B. Meningitis	1	—	1
Pyæmia	1	—	1
Tuberculosis	14	10	24
Total	25	11	36

PUERPERAL FEVER. Five cases were treated during the year, including one re-admission. Two cases were received from the Maternity Home. All recovered.

CEREBRO-SPINAL FEVER. Five cases were admitted, four from Ipswich and one from another area. The Ipswich cases included one Naval Boy on furlough. Three of the Ipswich cases died. The duration of stay in Hospital of these cases was one, eight and ten days respectively.

ENCEPHALITIS LETHARGICA. Three Ipswich cases were treated and all died.

ERYSIPELAS. Three cases were admitted.

In addition, cases of Measles, Rubella, Pneumonia, Influenza, Pertussis and Mumps were removed to Hospital from homes in which proper nursing could not be given.

A large group of cases for Observation were accepted during 1925.

SCARLET FEVER. 119 cases were admitted, 11 being from outside areas. There were no deaths. The prevailing type was extremely mild.

DIPHTHERIA. 28 cases, including three from surrounding areas, were admitted. None of the cases proved fatal. Thus for the second year in succession there has not been a fatal case of Diphtheria in the Hospital.

*Naval boy on leave in Ipswich.

HOSPITAL STAFF. Four cases of Diphtheria occurred amongst the Nursing Staff during the year.

ENTERIC FEVER. 18 cases of Enteric Fever were admitted to the Isolation Hospital during the year. Of these one was admitted from an out-district, three direct from their homes in Ipswich, and 14 from the Ipswich and East Suffolk Hospital.

11 of the cases from the East Suffolk Hospital were directly connected with one infecting case, whereas the other three were sporadic.

One case proved fatal.

TUBERCULOSIS (Pulmonary). 72 cases were admitted during 1925, which, with 17 cases carried over from 1924, make a total of 89 cases treated during the year. All these cases were in the more advanced stages of the disease. 24 proved fatal.

37 cases were discharged, in some cases with improvement, but in the majority with the disease either unaffected or definitely worse.

In relation to this, it is well to point out, that under the provision of the Ipswich Corporation Act, 1925, powers are given to the Corporation to remove certain cases of Pulmonary Tuberculosis compulsorily. The power is necessary, but its exercise calls for careful discrimination.

TUBERCULOSIS DISPENSARY.

Year.	No. of Patients attending Dispensary.	No. of Visits paid by Patients.	No. of Visits to Homes by Nurse.
1921	529	2566	2435
1922	495	3091	2353
1923	525	2999	2492
1924	703	3249	2597
1925	591	3098	3231

The work of the Tuberculosis Dispensary has been continued as heretofore.

The number of Home Visits by the Nurse was unusually great during 1925, because of visits of enquiry in regard to cases not seen at the Dispensary for a considerable time.

The new Regulations, recently issued by the Ministry of Health, have added considerably to the Clerical work of the Dispensary, without corresponding addition to the efficiency of the service.

In these times of National economic strain, the object of Regulations should be to reduce cost, not to increase it.

IPSWICH BOROUGH SANATORIUM.

Report on Cases Treated to a Conclusion during the year ended 31st December, 1925.

A grouping has been made according to the Physical Signs found on admission. The cases have been divided into four GROUPS :—

(1) Slight Physical Signs.

(2) Well-marked Physical Signs.

(3) Extensive Physical Signs.

(4) Unsuitable Cases, including Very Advanced Physical Signs.

265 Patients were treated to a conclusion during the period and are grouped in the Table below :—

	Class (1)	Class (2)	Class (3)	Class (4)	Totals.
Men ..	31	28	26	24	109
Women	35	23	29	20	107
Children	30	14	5	—	49
Totals ..	96	65	60	44	265

The results of treatment in the various Groups are shown in the following Tables :—

Group 1.

	Fit to Work. (1)	Able to Work. (2)	Im proved. (3)	In Stat. Quo. (4)	Worse. (5)	Died. (6)	Partial Treatment. (7)	Disch'gd. for Insubordination. (8)	Totals.
Men ..	26	—	3	—	—	—	1	1	31
Women	15	3	5	1	—	—	11	—	35
Children	Fit for School 25	Able for School	—	—	—	—	5	—	30
Totals ..	66	3	8	1	—	—	17	1	96

Group 2.

	Fit to Work. (1)	Able to Work. (2)	Improved. (3)	In Stat. Quo. (4)	Worse. (5)	Died. (6)	Partial Treatment. (7)	Disch'gd for Insubordination. (8)	Totals.
Men ..	8	12	4		—		4	—	28
Women	3	8	4	2	1	—	5		23
Children	1	9	2	—		—	2	—	14
Totals ..	12	29	10	2	1	—	11	—	65

Group 3.

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	Totals.
Men ..	—	6	14	—	1	1	4	—	26
Women	—	8	16	2	2	—	1	—	29
Children	—	1	2	1	1	—	—	—	5
Totals ..	—	15	32	3	4	1	5	—	60

Group 4.

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	Totals.
Men ..			7	9	4	3	1		24
Women	—	—	4	7	6	2	1	—	20
Children	—	—	—	—	—	—	—	—	—
Totals ..	—	—	11	16	10	5	2	—	44

Separate Tables are shown below for **Ipswich Patients.** It should be noted that these cases are also included in the preceding Tables which *show all* the cases treated to a conclusion. The **Groupings and Results of Treatment** are in a similar form :—

	Group (1)	Group (2)	Group (3)	Group (4)	Totals.
Men ..	5	8	3	1	17
Women ..	18	4	2	1	25
Children ..	16	7	3	—	26
Totals ..	39	19	8	2	68

RESULTS OF TREATMENT.

Group 1.

	Fit to Work. (1)	Able to Work. (2)	Improved. (3)	In Stat. Quo. (4)	Worse. (5)	Died. (6)	Partial Treatment. (7)	Disch'gd for Insubordination. (8)	Totals.
Men ..	3	—	1	—	—	—	—	1	5
Women	9	1	2	1	—	—	5	—	18
Children	Fit for School 12	Able for School —	—	—	—	—	4	—	16
Totals ..	24	1	3	1	—	—	9	1	39

Group 2.

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	Totals.
Men ..		5	1	—	—	—	2		8
Women	—	2	1	—	—	—	1		4
Children	—	5	1	—	—	—	1	—	7
Totals ..	—	12	3	—			4		19

Group 3.

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	Totals.
Men ..	—	—	2	—	—	—	1	—	3
Women	—	1	—	—	1	—	—		2
Children	—	1	1	1	—	—	—	—	3
Totals ..	—	2	3	1	1	—	1	—	8

Group 4.

	Fit to Work. (1)	Able to Work. (2)	Improved. (3)	In Stat. Quo (4)	Worse. (5)	Died. (6)	Partial Treatment. (7)	Disch'gd for Insubordination. (8)	Totals.
Men ..	—	—	1	—	—	—	—	—	1
Women	—	—	—	1	—	—	—	—	1
Children	—	—	—	—	—	—	—	—	—
Totals ..	—	—	1	1	—	—	—	—	2

TREATMENT OF CASES OF SURGICAL TUBERCULOSIS.

The following Table gives the number of Patients treated at the East Suffolk and Ipswich Hospital since 1920:—

Year.	Remaining from Previous Year.	Admitted.	Treated.	Discharged.	Remaining.
1920	7	51	58	51	7
1921	7	21	28	26	2
1922	2	26	28	23	5
1923	5	27	32	24	8
1924	8	20	28	16	12
1925	12	37	49	41	8

Thus the average annual number of cases admitted to the East Suffolk Hospital was just over 30, including the excess in the years 1920 and 1925. The excess in 1920 represents war accumulation, whilst that of 1925 may be due, to some extent, to the removal of chronic cases requiring prolonged non-surgical treatment to the Isolation Hospital, thereby freeing the East Suffolk Hospital beds for the admission of a greater number of cases requiring surgical interference.

Modern ideas of treatment are likely to curtail still further the demands of Surgical Tuberculosis on the services of the Surgeon pure and simple.

SURGICAL TUBERCULOSIS AT THE ISOLATION HOSPITAL.

On February 2nd, 1925, the first case of Surgical Tuberculosis was admitted to the Institution. From that date to the end of the year, 10 cases were admitted, and three discharged with the disease arrested. One other was discharged, but continued to attend the Isolation Hospital as an out-patient.

The experience of the first few months has proved eminently satisfactory. There is no doubt that the conditions as to air, sunlight and environment generally have reacted with peculiar benefit upon these cases of Bone Tuberculosis.

Realising this fact and that these cases require, it may be, years of treatment, the Public Health Committee have decided to set aside the South Ward of the Institution for the treatment of such cases, suitable structural modifications having been made in the first place. This will permit of from 18 to 20 patients receiving treatment and will at the same time free the six cubicles for other purposes, unless required for Surgical cases for special reasons.

On discharge from the Isolation Hospital, the patients continue under observation at the T. B. Dispensary.

MATERNITY AND CHILD WELFARE.

The following is a summary of the Home Visits during 1925 and the four preceding years :—

HOME VISITS BY HEALTH VISITORS.

Year.	Infants.	Children 1—5.	Total.
1921	2,726	1,024	3,750
1922	2,249	2,364	4,613
1923	2,062	2,452	4,514
1924	1,797	1,707	3,504
1925	1,618	2,001	3,619

During 1925, 471 other visits were paid to homes for miscellaneous reasons.

Twelve visits were paid in connection with cases of Puerperal Fever and Ophthalmia Neonatorum.

79 visits of inspection were paid to the Homes of Midwives and Monthly Nurses; 30 visits in connection with the sending for Medical Help by Midwives.

INFANT WELFARE CENTRE.

The following is a summary of the visits paid to the Welfare Centre during 1925 and the four previous years :—

Year.	Infants.	Children 1 - 5.	Total.
1921	9,632	3,432	13,064
1922	7,902	3,132	11,034
1923	7,406	3,098	10,504
1924	6,235	2,750	8,985
1925	6,335	2,652	8,987

During 1925, 714 new cases attended the Clinic as compared with 669, 740, 826 and 1,000 in the four previous years.

EXAMINATIONS OF INFANTS BY MEDICAL OFFICER.

Age.	No. examined.	No. of Re-examinations.	Total 1925.
1	368	736	1,104
—2	77	233	310
—3	59	92	151
—4	37	61	98
—5	24	42	66
Total	565	1,164	1,729

The number of Examinations by the Medical Officer during the previous four years was as follows :—

1921	533
1922	313
1923	443
1924	795
1925	1,729

The Examinations of 1925 were thus three-and-a-half times greater than the average of the four preceding years.

The chief troubles for which Medical Advice was sought were Digestive Disturbances ; of these, Constipation was by far the most frequent, followed by Diarrhœa and Vomiting.

Next to definite alimentary disorders, faults of nutrition were most in evidence, followed by diseases of the Skin and Respiratory System.

The most frequent Skin Disorders were Seborrhœa, Eczema, Naevi.

Bronchitis was by far the most frequent defect of the Respiratory System.

Otorrhœa was noted in 19 cases and Blepharitis in 18.

Early Rickets was present in 12 cases and Late Rickets in the same number.

Umbilical Hernia was present in 18 Infants and Inguinal in three, whilst Phimosis was noted in 16 cases.

As to Tuberculosis, there was one definite Respiratory case and eight Observation cases, four definite T. B. Adenitis and one doubtful.

Eleven cases of Whooping Cough, two of Measles, and two of Rubella came under notice.

In addition to the above there were large numbers of minor disorders of various kinds.

The Mortality rate for Infants who had paid one or more visits to the Centre, was equal to 38 per 1,000 births as compared with 73 for all Infants.

ANTE AND POST NATAL CLINIC.

Very considerable progress was made with this work in 1925, as is shown by the Table :—

Year.	Ante Natal Cases Examined.	Re-exams.	Total.	Post Natal Exams.
1924	27	18	45	—
1925	61	65	126	10

The following examinations were carried out during the year :—

Nature of Specimen.	Number Examined.	Result.	Number.
Urine	109	Sugar present ..	8
		Slight Albuminaria ..	9
		Definite Albuminaria	3
Vaginal Discharge ..	3	Gonococcal	—
Sputum	2	T.B. present	—
Blood (Wasserman) ..	5	Positive	3
		Negative	2

ASSISTANCE GRANTED TO NECESSITOUS MOTHERS.

Milk—Expectant Mothers	10 cases.
Milk—Nursing Mothers	50 ,,
Bandages—Expectant Mothers	4 ,,

The following Table summarises the defects found :—

DEFECTS FOUND.

Dental Caries	10
Varicose Veins	9
Debility	5
Gynecological Disorders	4
Albuminaria	3
Syphilis	3
Anæmia	3
Cardiac Disease	2
Tuberculosis (obs)	2
Hæmorrhoids	2
Pelvic Contraction	1
Urticaria	1
Cancer (breast)	1
Total	46

Thus 61 Pregnant Women provided 46 defects, some of which were serious in the extreme.

There was one case of Cancer, for instance, which would not have been discovered so soon but for the examination.

The number of cases of Dental Caries was considerable, but by no means unexpected. These cases were referred for treatment either to the Hospital or their own Dentist, but it is to be feared that few availed themselves of the reference. In this relation it is not at all impossible that there may be a relationship between a septic mouth and a septic Puerperal Uterus.

The cases of Syphilis were referred for treatment to the Clinic at the East Suffolk Hospital.

It is hoped that the Clinic which has been established, will continue to grow in usefulness.

MATERNITY HOME.

Table showing the number of cases admitted to the Home from Ipswich and other areas, together with the average duration of stay.

Year.	Admissions.		Total.	Duration.
	Borough.	Outside.		
1921	77	15	92	11.8
1922	60	10	70	11.6
1923	71	13	84	11.6
1924	63	10	73	11.0
1925	85	13	98	10.8
Average	71.2	12.2	83.4	11.3

So far as Ipswich is concerned, the number of cases admitted to the Home during 1925, was the highest since the opening and was equal to just under 6 per cent. of the total Births, as compared with a percentage of 4.5 for the last five years.

It is highly gratifying to be able to report that during 1925, the Home was used to a greater extent than formerly by people who could not afford to pay the full fee of 9 - per day. Fifty women, or 58 per cent., applied for and were granted reduced fees.

Every applicant for a bed is interviewed at the Public Health Office, and the fee charged is based upon the income of the family.

As in previous years, all Midwives' cases were referred to the Ante Natal Clinic for examination by Dr. Jolly, and with few exceptions, all attended.

Of the 98 cases admitted, 37 were under the care of their own Doctor ; the remainder were booked as Midwives' cases.

The Midwives found it necessary to call in Medical Assistance in 15 cases (14 mothers, 1 infant) ; 10 infants were stillborn and two died from Prematurity. There were no maternal deaths.

The proportion of stillbirths for 1925 was extremely high for some reason or another.

MIDWIVES ACT, 1902.

The number of Midwives on the Local Roll for each year since 1921, and the confinements attended by them is shown below :—

Year.	No. on Roll.	Confinements Attended.	Percentage of Total Births.
1921	12	857	49%
1922	14	812	51%
1923	18	800	51%
1924	16	675	47%
1925	14	742	52%

During the last five years 50 per cent. of the confinements in Ipswich were attended by Midwives.

MEDICAL HELP.

Year.	Notifications received.			Percentage of Births attended by Midwives in which Medical Help is called in.
	On behalf of Mother.	On behalf of Child.	Total.	
1921	69	39	108	12.6%
1922	54	37	91	11.2%
1923	61	33	94	11.7%
1924	70	29	99	14.6%
1925	66	26	92	12.4%
Average	64	32	96	12.5%

It will be seen from the foregoing Table that the experience of 1925 is almost the same as the average experience of the last five years.

Summary of the Causes for sending for Medical Assistance.

	1921	1922	1923	1924	1925	Average.
MOTHER :—						
Torn Perineum	18	10	15	21	16	16
Prolonged, Tedious or Difficult Labour	6	8	15	11	17	11.4
Faulty Presentations ..	12	6	8	4	4	6.8
Impactions	7	4	4	4	3	4.4
Hæmorrhages	5	2	2	4	6	3.8
Puerperal Fever	1	—	2	2	4	1.8
Other Rise of Temperature	3	4	4	8	4	4.6
Adherent Placenta ..	4	3	1	4	1	2.6
Albuminuria	2	5	3	—	1	2.2
Phlebitis	2	1	—	3	1	1.4
Abortion	2	—	1	—	2	1
Contracted Pelvis ..	—	2	2	—	1	1
Eclampsia	1	1	—	1	—	0.6
Prolapse of Cord	1	—	1	1	—	0.6
Miscellaneous	5	8	3	7	6	5.8
Total ..	69	54	61	70	66	64
CHILD :—						
Discharging Eyes	17	10	7	9	6	9.8
Debility, Feebleness, etc.	3	12	10	8	6	7.2
Prematurity	7	8	7	4	4	6.0
Malformations	4	—	2	3	4	2.6
Convulsions and Fits ..	3	5	2	2	1	2.6
Suffocation	1	—	1	—	1	0.6
Miscellaneous	4	2	4	3	4	3.4
Total ..	39	37	33	29	26	32

Thus 25 per cent. of the calls on behalf of the Mother were due to rupture of the Perineum and 30 per cent. of the calls on behalf of the Infant for discharging eyes.

LABORATORY.

The work carried out in the Laboratory of this Department since 1921 is as follows :

Year	SWABS from Cases of Diphtheria or Suspected Diphtheria. Examined.	Positive.	% Positive.	SPUTA from Actual or Suspected Cases of Tuberculosis. Examined.	Positive.	% Positive.
1921	2,655	553	20%	249	49	20%
1922	1 262	239	19%	252	50	20%
1923	982	204	20%	209	72	34%
1924	652	100	15%	190	49	25%
1925	751	102	13%	191	42	22%

183 Urines were examined in connection with the Ante-Natal Clinic, with the following results :—

Bacillaria	8
Sugar	9
Albumenuria (definite)	14
Albumenuria (slight)	29

Examinations carried out at the East Suffolk County Laboratory, on behalf of the Local Authority during 1925, were as follows :—

Cerebro-Spinal Fluids	3
Widal (Typhoid and Para A. and B.)	13
Blood Film (Malaria)	1
Swabs for Meningococcus	6
Faeces for Organisms	12

In addition, under the V. D. Scheme, the following specimens were examined at the East Suffolk County Laboratory :—

	East Suffolk Hospital	Private Practitioners
For Gonococci		2
For Wassermann Reaction	132	86
Cultural Test for Gonococcus	21	2

WATER SUPPLY.

The following is the return of the amounts of Water supplied during the year from the various sources :—

	Gallons
Total Water from Gravitation Sources	35,000,000
Total Water from Waterworks (well) ..	454,562,800
Total Water from Whitton (well) ..	270,317,000
Total Water from all sources	759,879,800

Supply per head per day in Borough, including Trade Supplies (estimated population supplied, 83,240) 23.92 gallons

Samples have been taken at frequent intervals and submitted to analysis.

Report of the Manager of House Refuse Removal and Night Soil Departments from January 1st to December 31st, 1925.

To the Chairman and Members of the Public Health Committee, Ipswich.

Ladies and Gentlemen,

I beg to submit summary of work carried out in Refuse Removal Departments for the year ending 31st December, 1925.

HOUSE REFUSE.

During the first nine months there were twenty-nine men, and thirty men the last three months. Four Electric Vehicles and five Horse-drawn Vehicles.

Number of weekly and by-weekly calls on Register.		
Electric Vehicles ..	15,154	
Horse Vehicles ..	7,232	
		22,386
Calls made during the year.		
Electric Vehicles ..	773,268	
Horse Vehicles ..	363,313	
		1,136,581
Number of loads.		
Electric Vehicles ..	3,492	
Horse Vehicles ..	4,296	
		7,788

Weight collected.	T.	C.	Q.	lbs.	T.	C.	Q.	lbs.
Electric Vehicles	7,207	13	0	14				
Horse Vehicles	3,837	17	0	14	11,045	10	1	0

NIGHT SOIL.

Number of loads collected from Middens ..	48
Number of Buckets emptied	2,242
Number of Dead Wells emptied	12

Whitton District. One double bin has been converted into two W.C.'s, leaving five Middens to be emptied.

Henley Road and Dale Road District. No change. Nine double and fifteen single bins.

New Cut East District. No change. Three bins.

Handford Hall. No change. One double bin.

I am, Ladies and Gentlemen,
Your obedient Servant,
A. HICKS,
Manager.

Exchange Chambers,
Lion Street, Ipswich.

REPORT ON VENEREAL DISEASES CLINIC FOR THE YEAR 1925.

By Dr. F. FOWLER WARD.

(Medical Officer in Charge, Venereal Diseases Clinic).

STATISTICAL TABLES.

1. NEW CASES.

Year.	New Cases.				Diseases (Ipswich only).		
	Clinic.			Ipswich only.	Syphilis.	Gonorrhœa.	Other Diseases.
	Males.	Females.	Persons.	Persons.			
1921	237	117	354	235	78	82	75
1922	168	63	231	164	62	54	48
1923	123	57	180	121	51	37	33
1924	137	46	183	122	35	41	46
1925	140	57	197	126	50	37	39

2. ATTENDANCES OUT-PATIENT CLINIC.

Year.	Syphilis.		Gonorrhœa.		Other Diseases.		Total.			
							Clinic.			Ipswich only.
	M.	F.	M.	F.	M.	F.	M.	F.	Persons.	Persons.
1921	1,838	847	2,466	244	117	67	4,421	1,158	5,579	4,186
1922	1,465	701	1,951	310	65	26	3,481	1,037	4,518	3,699
1923	1,418	854	1,221	139	63	54	2,702	1,047	3,749	2,803
1924	942	870	1,491	230	102	38	2,535	1,138	3,673	2,588
1925	979	889	1,813	154	68	31	2,860	1,074	3,934	2,660

3. IN-PATIENT DAYS.

Year.	Total for Clinic.			Ipswich only.
	Males.	Females.	Persons.	Persons.
1921	749	447	1,196	719
1922	380	188	568	253
1923	379	147	526	227
1924	324	80	404	289
1925	441	247	688	325

TABLE 1.

NEW CASES.

On reference to Table 1 it will be seen that the total number has slightly increased for the year 1925 over 1924, both for Ipswich only, and for the whole area served by the Clinic.

Of these cases, there has been a preponderance of Syphilis over Gonorrhœa. This must not be taken as evidence of an increase of early and infective Syphilis. It has been found that a very large majority of these cases are referred to the Clinic for treatment in the later stages of the disease or for diagnosis, and as such, do not in themselves constitute a danger to the community as regards spread of infection. They effect the community in respect of their poor economic value.

Of actively infected persons, 16 examinations for the Spirochete were made in 1925, as against 22 examinations in 1924. This would tend to show the comparatively small number of fresh infections of Syphilis.

The cases of Gonorrhœa, on the other hand, are to a very large extent, those of recent and active infection.

OTHER DISEASES.

This class is chiefly made up of cases in which there has been an immediate risk of infection, or where tests of cure of previous disease are desired.

TABLE 2.

ATTENDANCES OUT-PATIENT CLINIC.

The attendances at the Out-Patient Clinic have increased from 3,673 in 1924 to 3,934 in 1925.

This again does not imply an increase of Venereal Disease.

The total attendances are divided into two groups (1) for individual attendances by the Medical Officer. (2) for intermediate treatment, e.g., irrigations, dressings, etc., carried out by Orderly or Nurse as required :—

	1924.		1925.
1.	2,713	1.	2,659
2.	960	2.	1,275
	3,673		3,934

The increase in total attendances is thus seen to be due to attendances under group (2). These attendances are almost entirely confined to persons suffering from recent and acute Gonorrhœa, and who reside in Ipswich. The number of new cases of Gonorrhœa for Ipswich was 37 in 1925, or four less than in 1924.

It is thus seen that attendance of individual cases is regular and more frequent than in the previous year—a much desired result, for experience shows that treatment given under trained supervision is far more beneficial than that administered by the patient himself.

TABLE 3.

IN-PATIENT DAYS.

It will be seen that there is a large increase in this group in the year 1925 over the previous year.

An attempt is being made, as in "Attendances Out-Patient Clinic," to bring acute disease under more immediate supervision, i.e., in the Hospital itself. A large proportion of cases are in persons residing outside the Borough of Ipswich, and who are precluded by distances, etc., from attending the daily subsidiary Clinic, group (2), Table 2, referred to above.

It is found that cases admitted to Hospital, have a shorter period of disease, are less liable to complications and are less likely to become a danger to the community.

It is believed that this view is economically sound.

THE CHILDREN'S CLINIC.

There has been fewer cases of acute Venereal Disease during the year 1925. There, however, seems to be less unwillingness on the part of parents and others to avail themselves of opportunities for diagnosis, and, if necessary, treatment.

The new buildings, with their separate entrances for men and women in Ivry Street, appear to commend themselves to patients, and they certainly do to those who are responsible for the internal administration.

On looking back at the last five years, it would appear that the war and its aftermath spent itself, as regards the acute stages of Venereal Disease, in the years 1921 and 1922. New cases cannot be directly attributed to it and the incidence of Venereal Disease seems about normal.

Neuro-Syphilis on the other hand, consequent upon war conditions, is still an unknown quantity.

During the last four years, there does not appear to have been much imported Venereal Disease. This period corresponds with depression in the shipping industry.

It is noteworthy that at one time a considerable percentage of cases treated at this Centre, came from the docks.

(Signed) F. FOWLER WARD,
Medical Officer in charge of
Venereal Diseases Centre.

CHIEF SANITARY INSPECTOR'S REPORT, 1925.

Inspector under the Food and Drugs Act, Inspector of Butter Factories, Inspector under Dairies, Cowsheds and Milkshops Order, Inspector of Common Lodging Houses, Inspector under the Shop Acts, Inspector under Contagious Diseases (Animals) Act, Inspector under the Rats and Mice (Destruction) Act, 1919.

	1925
No. of Inspections of Private Houses	7,912
,, ,, ,, House to House	416
,, ,, ,, Houses let in Lodgings	86
Total	8,414
No. of Inspections of Van Dwellings	205
,, ,, ,, Common Lodging Houses	308
,, ,, ,, Overcrowded Houses	133
,, ,, ,, Houses with defective eavestroughing	168
,, ,, ,, Damp Houses	129
Total	430
No. of General Repairs to Houses	483
,, ,, Yards concreted	213
,, ,, Sculleries concreted	127
,, ,, Rooms ventilated	37
,, ,, Roofs repaired	328
,, ,, Eavestroughing repaired	209
,, ,, Wash Houses repaired	205
,, ,, Coppers repaired	15

	1925
Drains Inspected, Relaid, Tested and Work carried out.	
No. of Smoke Tests	445
,, ,, Water Tests	367
,, ,, Above surface drain inspections	698
,, ,, Drains reconstructed	127
,, ,, Drains unblocked and cleansed	206
,, ,, Gullies fixed	119
,, ,, New sinks and wastes provided	82
,, ,, Inspection chambers provided	99
,, ,, Inspection chambers repaired	55
,, ,, New vent shafts provided	51
,, ,, Dead wells filled in	14
,, ,, New W.C.'s provided	60
,, , New W.C. pans provided	103
,, ,, Privies done away with	7
,, ,, Pail closets done away with	7
,, ,, Foul W.C.'s cleansed	49
No. of Inspections of Slaughterhouses	1,980
,, ,, Slaughterhouses and Bakehouses lime whited	210
,, ,, Removal of Animals	24
,, ,, ,, Manure	50
,, ,, Ash Receptacles supplied	414
,, ,, Inspections of Public and Private Urinals	443
,, ,, ,, Offensive Trade Premises ..	417
,, ,, ,, Smoke Nuisances	103
,, ,, Visits to places of Entertainment	222
,, ,, Inspections of Refuse Dumps	39
,, ,, Complaints investigated	417
,, ,, Inspections of Piggeries	94
,, ,, ,, of Stables	88
,, ,, Letters issued	323

	1925
PROGRESS OF NOTICES.	
Preliminary.	
Served	239
Completed	264
Statutory.	
Served	3
Completed	4
Verbal.	
Given	191
Completed	189
FACTORIES AND WORKSHOPS.	
Premises Inspected.	
Factories and Workshops	155
Contractors	27
Outworkers	65
Bakehouses	865
SHOPS' ACT.	
Visits	1,271
New Shops Registered	54
Transfers	29

HOUSING.

1. Unfit Dwelling-houses.

Inspection. (1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	1,375
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	1,791
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	—

(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation 834

2. Remedy of defects without Service of formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers 848

3. Action under Statutory Powers.

A. Proceedings under section 28 of the Housing, Town Planning, etc., Act, 1919 .. .. .. nil

B. Proceedings under Public Health Acts.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied 239

(2) Number of dwelling-houses in which defects were remedied after service of formal notices :

(*a*) By Owners.. 264

(*b*) By Local Authority in Default of Owners .. ..

C. Proceedings under sections 17 and 18 of the Housing, Town Planning, etc., Act, 1909 .. nil

WATER SUPPLY.

Samples taken from Corporation Supply	32
Samples taken from Private Supplies	5

SALE OF FOOD AND DRUGS.

The following Table shows the number of Samples taken :—

Butter	45
Cream	7
Milk	65
Flour	1
Margarine	12
Machine Skimmed Milk	4
Jam	1
Lard	6
Condensed Milk	1
Coffee	6
Baking Powder	7

There were two prosecutions of Milk Vendors and both cases were dismissed.

Four Milk Vendors were cautioned.

FOOD INSPECTION.

The under-mentioned Food Stuffs were condemned as unfit for human consumption during the year 1925:—

Carcases of Beef	11
Quarters of Beef	1
Chilled Beef, lbs.	78
Frozen Beef, lbs.	140
Carcases of Veal	2
Carcases of Mutton	5
Carcases of Pork	52
Quarters of Pork	20
Pork, lbs.	316
Pigs' Plucks	1,569
Pigs' Heads	491
Pigs' Offal	252
Ox Heads	4
Ox Kidneys	1
Ox Livers	33
Ox Lungs	6
Ox Tongues	1
Cows' Udders	2
Bacon, lbs.	38½
Cods' Roes, lbs.	8½
Cod Fish	16
Haddock filleted, Boxes	10
Skate, lbs.	70
Codling, cured, Boxes	6
Whiting, cured, Boxes	4
Potatoes, cwts.	36
Corned Beef, 6-lb. Tins	14
Corned Beef, 3-lb. Tins	5
Corned Beef, 1-lb. Tins	7
Sardines, tins	35
Compressed Beef, tins	29
Cocoa and Milk, tins	8
Milk, tins	34
Herring, tins	35

DISEASE OF ANIMALS ACT, 1894-1925; TUBERCULOSIS ORDER OF 1925.

This order came into operation on the 1st September, 1925.

Eleven cows were sent in for slaughter by Veterinary Inspectors. The carcases were examined with the following results:—

Six carcases and all organs were condemned, having generalised Tuberculosis.

Three carcases were passed fit for human consumption, with the exception of the internal organs (two having Johnes Disease).

One carcase was passed fit for human consumption, with the exception of the udder.

Of one carcase, only the hind quarters were passed fit for human consumption.

THE PUBLIC HEALTH MEAT REGULATIONS, 1924.

This Regulation came into operation on the 1st April, 1925.

The Shop-keepers very readily complied with reqnests made by me to meet the Regulations, and the greater portion of shops have now been fitted with movable glass shutters, as a protection from dust and dirt splashes.

The practice of handling meat by intended purchasers, has entirely disappeared.

Covers are provided for meat during transit in vehicles.

I should like to refer to the existing practice of wrapping meat in old newspapers. It is quite true that a small piece of grease-proof paper is used, but this is totally insufficient to cover the joint. The result is that a greater portion of the meat comes in contact with the newspaper. The newspaper from the Newsagent, until it reaches the food shop, is open to contamination in many ways. It is hoped that the Food Regulations will be extended to cover this matter.

PROHIBITION OF BLOWING OR INFLATING CARCASES.

Part VI., Section 82, of the Ipswich Corporation Act, which came into force in August, 1925, prohibits the blowing or inflation of any part of a carcase, or exposing or depositing for sale within the Borough any part of a carcase so blown or inflated.

This Act is being complied with.

SLAUGHTERHOUSES.

There were 22 Private Slaughterhouses and 1 Knacker's Yard in existence in the Borough during 1925.

1,980 visits were paid to these during the year.

The use of the Mechanical Killer, which came into operation in 1923 for all animals (except pigs) is satisfactory.

DAIRIES, COWSHEDS, AND MILKSHOPS ORDER.

The Dairies, Cowsheds and Milkshops were inspected periodically and were found to be kept in good condition.

One caution only was necessary.

The practice of allowing boys to milk cows in the Market into dirty bottles, cans, etc., was stopped, and an experienced cowman is now employed.

INSPECTIONS.

No. of Inspections of	Dairies and Milk Shops	360
,, ,,	Purveyors of Milk	411
,, ,,	Cowsheds	170
	Total	941

The number of visits paid to Dwelling-houses and Buildings was 30.

RATS AND MICE DESTRUCTION ACT, 1919.

The number of Rats destroyed during 1925, was 16,610.

DISINFECTION.

The following detail will show the number of rooms disinfected, and articles of clothing, vehicles, etc., that were fumigated during 1925.

Rooms (after Infectious Diseases) ..	355
Articles of clothing from Dwelling-houses ..	2,942
Articles of clothing, etc., from Isolation Hospital	5,960
Ambulances	43
Library Books	107
Verminous Rooms	13
Miscellaneous	83
No. of Articles Destroyed	73

SANITARY CONDITION OF MUSIC HALLS AND CINEMAS.

Visits were made in accordance with the suggestion contained in a letter circulated by the Ministry of Health, during the performances, in connection with the ventilation of the premises, also with respect to the sanitary condition.

The conditions were satisfactory.

MORTUARY.

	1921	1922	1923	1924	1925
Number of Bodies removed to Mortuary	19	15	19	17	15
Number of Post Mortem Examinations	5	1	5	5	3

FACTORIES AND WORKSHOPS, 1925.

Inspection of Factories and Workshops :—

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories.. ..	95	5	—
Workshops ..	60	—	—
Contractors ..	27	—	—
Outworkers ..	65	—	—
Bakehouses ..	865	10	—
Total ..	1,112	15	—

Works carried out :—

	Factories.	Workshops.	Total.
New W.C.'s provided	4	—	4
Lavatory Basins supplied	1	—	1
Defective drains reconstructed ..	5	—	5
Lime-washing and cleansing ..	2	3	5
Total	12	3	15

FACTORIES ON REGISTER.

Bakeries	18
Bookbinders	9
Boot and Leather Factories	12
Bottle Washers	8
Box Factories	2
Breweries	2
Brickworks	3

Beer Bottling	11
Cabinet and Joinery Works	31
Chemical Manures	2
Clothing Factories	8
Coach Building and Painting	5
Creameries and Milk Produce Works	3
Coffin Makers	2
Cutlery Repairs	2
Cattle Foods	4
Dye and Dry Cleaner Works	5
Engravers	2
Engineers and Iron Founders	19
Electric Works	6
Electric Plating	3
Food Preparation	5
Gas Producers	2
Gravel Screening	4
Jam Factory	1
Laundries	7
Maltings	20
Mineral Water Works	4
Mills	15
Meter Repairers	1
Motor Engineers	23
Organ Builders	1
Printers	22
Stonemasons	5
Scales	2
Sausages and Prepared Foods	7
Sacks and Tents	6
Seed Cleaning	3
Sugar Boiling	7
Saw Mills	6
Shipyards	2
Sheet Metal Works	2
Sheep Dip	1
Spectacles	2
Tan Works	1
Tar Distillery	1
Tea Blending, Coffee Blending	3
Tobacco	1
Watchmakers, Jewellers, etc.	3
Wireless	5
Total	319

WORKSHOPS.

Art Needlework	2
Bookbinders	5
Bakers	55
Bedding Manufacturers	2
Basket Makers	3
Cartridge Loading	1
Confectionery and Sugar Boiling	4
Cabinet and Joinery	14
Concrete Slabs	4
Cycle Repairs	7
Dress Makers	22
Gut Scraper	1
Jewellers and Watch Makers	8
Lath Rending	1
Laundries	4
Lime Burners	2
Leather Works, Boot and Saddlery	23
Milliners	18
Malting	5
Painters	8
Plumbers	7
Paper Bags	2
Rag Sorting	5
Sails and Tents	2
Stone Masons	3
Smiths	5
Tallow Melter	1
Tailor and Outfitter	32
Upholsterers	6
Wigs	3
Wool Workers	5
Wood Toys	3
Total	263

PORT OF IPSWICH SANITARY AUTHORITY.

Report for 1925.

The inspection of Vessels entering the Port of Ipswich was commenced in 1908, and has been carried on up to the end of 1925. Since 1908 the Vessels trading to the Port have shown very marked improvement in their sanitary condition. The greater portion of the Vessels arriving had been fumigated at the last Port of Discharge, the result of which, in a great many cases, showed the total destruction of the vermin aboard.

I.

Number of Vessels inspected	169
Number of Vessels re-inspected	322
Total number inspected and re-inspected	491

II.

British Steamships	31
British Sailing Ships	11
British Motor Vessels	6
British Barges	77
Foreign Steamships	34
Foreign Sailing Ships	3
Foreign Motor Vessels	7
Total	169

III.

British	128
German	17
Swedish	9
Norwegian	7
Dutch	2
Danish	1
Finnish	1
Belgian	1
Greek	1
Italian	1
Polish	1
Total	169

Fumigation of Vessels.

Vessels from infectious or suspected Ports are fumigated for the purpose of Rat Destruction.

Five Vessels were fumigated during 1925.

Owing to the fact that practically all Vessels clear from the Port whilst under fumigation, it has been found impossible to keep a record of the number of Rats destroyed.

Sickness.

There were no cases of Infectious Disease reported during the year.

The following cases were removed to the Borough Isolation Hospital for treatment :—

Measles	1 case.
Chicken Pox ..	1 ,,

One case of Pleurisy was removed to Heathfields.

The following cases received treatment :—

Poisoned Hand ..	1
Abscess	1
Hernia	1

Six cases of Venereal Disease were treated at the East Suffolk Hospital.

BUTTERMAN'S BAY.

This is the name given to a portion of the River Orwell, situated about six miles below the Ipswich Dock. Some of the Vessels trading to Ipswich have been too large to enter the Dock, so that they have had to discharge the whole of their cargo in the deep water berths constructed at the Bay.

Eleven boats discharged entirely at Butterman's Bay during 1925.

Seven boats lightened at the Bay and completed discharge at Ipswich Docks.

A. T. MEARS,
Chief Sanitary Inspector.